2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000004778** Jan 19, 2000 8:00 am Secretary of State FRIENDS OF SUMTER LIBRARIES, INC. 01-19-2000 90251 047 ****61.25 Mailing Address Principal Place of Business 1405 C.R. 526-A 1405 C.R. 526-A SUMPTERVILLE FL 33585 SUMPTERVILLE FL 33585 **UUUUUUZZ**34 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3468040 Not Applicable um ter \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RHODES, DEBRA S 1405 C.R. 526-A SUMTERVILLE FL 33585 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change Delete TITLE RHODES, DEBRA G NAME STREET ADDRESS STREET ADDRESS 610 INDEPENDENCE HWY CITY-ST-ZIP CITY-ST-ZIP **INVERNESS FL 34453** TITLE Delete TITLE Change ☐ Addition NAME THIGPEN, MARY H STREET ADDRESS STREET ADDRESS 511W. NOBLE AVE CITY-ST-ZIP CITY-ST-ZIP **BUSHNELL FL 33513** ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME HEROY, EVELYN STREET ADDRESS STREET ADDRESS **38 MAGNOLIA LANE** CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL 34785 TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change ☐ Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

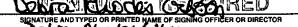
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP



1-11-00

Daytime Phone #