

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-15-2001 90002 040 ****61.25

DOCUMENT # N95000004778

1. Entity Name

FRIENDS OF SUMTER LIBRARIES, INC.

Principal Place of Business

1405 C.R. 526-A
 SUMTERVILLE FL 33585

Mailing Address

1405 C.R. 526-A
 SUMTERVILLE FL 33585

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3468040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RHODES, DEBRA S
1405 C.R. 526-A
SUMTERVILLE FL 33585

7. Name and Address of New Registered Agent

Name **Debra Rhodes Gibson**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Debra Rhodes Gibson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **MD** ☐ Delete
 NAME **RHODES, DEBRA G**
 STREET ADDRESS **610 INDEPENDENCE HWY**
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **D** ☒ Delete
 NAME **THIGPEN, MARY H**
 STREET ADDRESS **511 W. NOBLE AVE**
 CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **D** ☒ Delete
 NAME **HEROY, EVELYN**
 STREET ADDRESS **38 MAGNOLIA LANE**
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MD** ☒ Change ☐ Addition
 NAME **Gibson, Debra Rhodes**
 STREET ADDRESS **1022 J. Appoka Ave.**
 CITY-ST-ZIP **Inverness, FL 34452**

TITLE **D** ☐ Change ☒ Addition
 NAME **Starnes, Sylvia**
 STREET ADDRESS **3725 C.A. 400**
 CITY-ST-ZIP **Lake Panasoffkee, FL 33538**

TITLE **D** ☐ Change ☒ Addition
 NAME **Ruano, Betsy**
 STREET ADDRESS **1405 CR 526-A**
 CITY-ST-ZIP **Sumterville, FL 33585**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: Debra Rhodes Gibson REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

Date

352-568-0136

Daytime Phone #

CR2E037 (10/00)