

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004080

1. Entity Name

INTERCULTURAL LIBRARY CENTER, INCORPORATED

Principal Place of Business

221 WEST HUBBARD AVE.  
DELAND FL 32720

Mailing Address

221 WEST HUBBARD AVE.  
DELAND FL 32720-5831

2. Principal Place of Business

221 W. Hubbard Ave.

3. Mailing Address

221 W. Hubbard Ave.

Suite, Apt. #, etc.

Pvt. Home

Suite, Apt. #, etc.

DeLand, Fla. (Pvt. Home)

City & State

DeLand, Fla.

City & State

DeLand, Fla.

Zip

32720-

Country

Valencia

Zip

32720

Country

Valencia



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3397169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, LILLIAN  
221 WEST HUBBARD AVE.  
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

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

Lillian J. Wright, Chairperson

1-28-2000

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

(NOTE: Registered Agent signature required when reinstating)

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	S	<input type="checkbox"/> Delete
NAME	HATTON, SUE	
STREET ADDRESS	624 KAJE DRIVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	BM	<input type="checkbox"/> Delete
NAME	STEEN, RUTH	
STREET ADDRESS	250 McDONALD AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	BM	<input type="checkbox"/> Delete
NAME	WORTHY, HELEN	
STREET ADDRESS	814 LONGWOOD AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	KRUMINS, SOLVEIG	
STREET ADDRESS	2959 HEATHER AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	COULOMBE, RAYMOND	
STREET ADDRESS	245 NO HILL AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLLUM, JANET	
STREET ADDRESS	628 NO. PALMETTO AVE	
CITY-ST-ZIP	DELAND FL 32720	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lillian J. Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-2000-904-7384242

Daytime Phone #

CR2E037 (9/99)