

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90066 024 ****61.25

DOCUMENT # N98000000630

1. Entity Name

FRIENDS OF THE CRESTVIEW LIBRARY, CRESTVIEW, FLO

Principal Place of Business

**805 HIGHWAY 90 EAST
 CRESTVIEW FL 32539**

Mailing Address

**PO BOX 1972
 CRESTVIEW FL 32536**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3491763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEMBECK, FLORENCE A
 6304 POSSUM RIDGE RD
 CRESTVIEW FL 32539**

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

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 **P** ☐ Delete
 NAME **LEMBECK, FLORENCE A**
 STREET ADDRESS **6304 POSSUM RIDGE RD**
 CITY-ST-ZIP **CRESTVIEW FL 32530**

TITLE **V** ☐ Delete
 NAME **CARTER, THOMAS**
 STREET ADDRESS **6032 BLUEBIRD LANE**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **T** ☐ Delete
 NAME **COX, SUSAN B**
 STREET ADDRESS **110 JACOB ST**
 CITY-ST-ZIP **CRESTVIEW FL 32535**

TITLE **D** ☐ Delete
 NAME **ROGERS, RICHARD**
 STREET ADDRESS **2788 KEATS DRIVE**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** ☐ Delete
 NAME **BEDDOW, PRISCILLA S**
 STREET ADDRESS **5760 WILDWOOD RD**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **D** ☒ Delete
 NAME **LOKEY, MELMER**
 STREET ADDRESS **105 KIPLING DR.**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32539**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32536**

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

TITLE **S/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Shirley Hallinger**
 STREET ADDRESS **52 Abbey Rd.**
 CITY-ST-ZIP **Crestview, FL 32536**

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:

SIGNATURE OF Florence A. Lembeck Jan. 9, 2001 850 689-1535
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0018144

CR2E037 (10/00)