2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90137 042 ****61.25

0220182

DOCUMENT # 763717

1. Entity Name

AMERICAN READING FORUM, INC.

Principal Place of Business	Mailing Address
C/O BRISTOR. VALERIE. J 2334 CYPRESS BEND DR. S.. APT 912 POMPANO BEACH FL 33069 US	C/O BRISTOR. VALERIE. J 2334 CYPRESS BEND DR.. S.. APT 912 POMPANO BEACH FL 33069 US

DO NOT WRITE IN THIS SPACE

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 58-1548325 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRISTOR, VALERIE J 2334 CYPRESS BEND DRIVE SOUTH, APT 912 POMPANO BEACH FL 33069	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DOWHOWER, SARAH DR 700 WATERS EDGE #21 RACINE WI 53402	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TRATHEN, WOODROW APPALACHIAN STATE UNIV BOONE NC 28608-2085	☒ Delete	VD Laurie Elish-Piper Northern Illinois University Reading Clinic, 119 Graham Hall DeKalb, IL 60115	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAGER, JANE OLD DOMINION UNIVERSITY COE NORFOLK VA 23529	☒ Delete	PP Michaeline Lane University of Cincinnati P.O. Box 210205, Cincinnati, OH 45221-0205	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RANDLETT, ALICE 1217 LINDBERG AVE STEVENS POINT WI 54481	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Valerie J Bristor 2/11/02 954-236-1029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #