

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 11, 2001 8:00 am
Secretary of State

04-18-2001 90006 019 ****61.25

DOCUMENT # N00000001023

1. Entity Name

HILLSBOROUGH COUNTY SCHOOL READINESS COALITION,

Principal Place of Business

Mailing Address

1205 E. 8TH AVE.
 TAMPA FL 33605-3503

1205 E. 8TH AVE.
 TAMPA FL 33605-3503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

593626765

Applied For

Not Applicable

Zip

33605

Country

Hillsborough

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHOTIKUL, DIANE
 1205 E. 8TH AVE.
 TAMPA FL 33605-3503

Name **David McGerald**

Street Address (P.O. Box Number is Not Acceptable)
1205 E. 8th Avenue

City **Tampa** **FL** Zip Code **33605**

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 David McGerald, Executive Director

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	Chair	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	Elizabeth Argott	
CITY-ST-ZIP	207 Kelsey Lane #K Tampa, FL 33619	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Linda Stoller D.	
CITY-ST-ZIP	8900 N. Armenia Avenue, Suite 204 Tampa, FL 33604	
TITLE NAME	Vice Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Elizabeth Argott D.	
CITY-ST-ZIP	207 Kelsey Lane, #K Tampa, FL 33619	
TITLE NAME	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Candice Agosto D.	
CITY-ST-ZIP	1501 2nd Avenue Tampa, FL 33605	
TITLE NAME	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Nancy Little D.	
CITY-ST-ZIP	3501 San Jose Tampa, FL 33629	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Linda Stoller

4-6-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/00)