

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tampa, FL

4. FEI Number Applied For
593626765 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

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 Elizabeth Argott 207 Kelsey Lane #K Tampa, FL 33619	<input checked="" type="checkbox"/> Delete	TITLE NAME Chair Linda Stoller D. 8900 N. Armenia Avenue, Suite 204 Tampa, FL 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #



DO NOT WRITE IN THIS SPACE

CP2E037 (10/00)