

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000001023

FILED
Feb 05, 2002 8:00 AM
Secretary of State

Entity Name: HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC.

Current Principal Place of Business:

1205 E. 8TH AVE.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1205 E. 8TH AVE.
TAMPA, FL 336053503

New Mailing Address:

FEI Number: 59-3626765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MCGERALD, DAVID X
1205 E. 8TH AVE.
TAMPA, FL 33605

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 X. MCGERALD

02/05/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: STOLLER, LINDA
Address: 8900 N.ARMENIA AVE ST.,#204
City-St-Zip: TAMPA, FL 33604

Title: VCD () Delete
Name: ARGOTT, ELIZABETH
Address: 207 KELSEY LN K
City-St-Zip: TAMPA, FL 33619

Title: TD () Delete
Name: AGOSTO, CANDICE
Address: 1501 2ND AVE
City-St-Zip: TAMPA, FL 33605

Title: SD () Delete
Name: LITTLE, NANCY
Address: 3501 SAN JOSE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA STOLLER

CD

02/05/2002

Electronic Signature of Signing Officer or Director

Date