

# 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