

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

05-18-2001 90009 040 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N00000002544**

1. Entity Name

**THE JEFFERSON COUNTY SCHOOL READINESS COALITION.**

Principal Place of Business

1490 W WASHINGTON ST  
 MONTICELLO FL 32344

Mailing Address

1490 W WASHINGTON ST  
 MONTICELLO FL 32344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

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

BUCKINGHAM, T  
 220 S CHERRY ST  
 MONTICELLO FL 32344

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, SHARON	
STREET ADDRESS	620 N JEFFERSON ST	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	C	<input type="checkbox"/> Delete
NAME	JONES, JOHN S JR (T)	
STREET ADDRESS	795 E SECOND ST	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	C	<input type="checkbox"/> Delete
NAME	FINLAYSON, RICHARD (T)	
STREET ADDRESS	RT 1, BOX 56	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Executive Committee member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cynthia Shrestha (T)	
STREET ADDRESS	1490 W Washington St.	
CITY-ST-ZIP	Monticello, FL 32344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-01

Date

Daytime Phone #

CR2E037 (10/00)