

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90040 002 ****61.25

DOCUMENT # N30523

1. Entity Name

LITERACY VOLUNTEERS OF AMERICA-MONROE COUNTY, IN

Principal Place of Business

Mailing Address

**812 SOUTHARD ST.
 BLDG. 3
 KEY WEST FL 33040**

**812 SOUTHARD ST.
 BLDG. 3
 KEY WEST FL 33040-7188**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0050312

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**QUINN, EILEEN
 915 SOUTHARD ST #3
 KEY WEST FL 33040**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **EVANS, ROBERT**
 STREET ADDRESS **1500 ATLANTIC #115**
 CITY-ST-ZIP **KEY WEST FL**

TITLE **SD** Change Addition
 NAME **Secretary**
Connie Gilbert
 STREET ADDRESS **7 Diamond Drive**
 CITY-ST-ZIP **Key West FL**

TITLE **PD** Delete
 NAME **QUINN, EILEEN**
 STREET ADDRESS **915 SOUTHARD ST #3**
 CITY-ST-ZIP **KEY WEST FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **MEYERS, LOIS**
 STREET ADDRESS **1600 ATLANTIC #19**
 CITY-ST-ZIP **KEY WEST FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CASANOVA, MARY**
 STREET ADDRESS **1300 15TH CT #17**
 CITY-ST-ZIP **KEY WEST FL**

TITLE **D** Change Addition
 NAME **Sol Jacobson**
 STREET ADDRESS **618 Grinnell St**
 CITY-ST-ZIP **Key West FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Mary Casanova **Mary Casanova, 1-20-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

305-294-4352