

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90060 038 \*\*\*\*61.25

**DOCUMENT # N33576**

1. Entity Name

**LITERACY VOLUNTEERS OF AMERICA, LEE COUNTY, FLOR**

Principal Place of Business

12734 KENWOOD LN. STE. 96  
 FORT MYERS FL 33907

Mailing Address

12734 KENWOOD LN. STE. 96  
 FORT MYERS FL 33907

**C0036213**



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

**65-0106803**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, LYLE D**  
**12734 KENWOOD LANE**  
**SUITE 38**  
**FT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name: ~~Cadkin Jacquelin~~  
 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FOSTER, GAIL</b>	
STREET ADDRESS	<b>5541 MONTILLA DR.</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33919</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMAS, JULIUS O JR</b>	
STREET ADDRESS	<b>8133 BRETON CIR.</b>	
CITY-ST-ZIP	<b>FT.MYERS.FL 33912</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HANLON, CONSTANCE A</b>	
STREET ADDRESS	<b>11811 ISLE OF PALMS DR.</b>	
CITY-ST-ZIP	<b>FT.MYERS BEACH FL 33931</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRASER, TRACI</b>	
STREET ADDRESS	<b>836 CAMEILA DR. NW</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL 33903</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAINES, SHARON</b>	
STREET ADDRESS	<b>1469 CAVINGTON CIRCLE W.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33919</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> Delete
NAME	<b>LADY, MARY ANN</b>	
STREET ADDRESS	<b>WHITE CAP CIRCLE</b>	
CITY-ST-ZIP	<b>N. FORT MYERS FL 33903</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cadkin Jacquelin</b>	
STREET ADDRESS	<b>9880 Caloosa Yacht Club Drive</b>	
CITY-ST-ZIP	<b>Fort Myers FL 33919</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fay Marilyn</b>	
STREET ADDRESS	<b>P.O. Box 2760</b>	
CITY-ST-ZIP	<b>Ft. Myers Beach, FL 33931</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mayoral Fernando</b>	
STREET ADDRESS	<b>1829 SE 41 Street 1-G</b>	
CITY-ST-ZIP	<b>Cape Coral FL 33904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sherman Steve</b>	
STREET ADDRESS	<b>5400x 532xxx 5314 Cedar Bend Drive</b>	
CITY-ST-ZIP	<b>Fort Myers FL 33919</b>	
TITLE	<b>SPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Smith Lyle</b>	
STREET ADDRESS	<b>6239 Briarwood Terrace</b>	
CITY-ST-ZIP	<b>Fort Myers FL 33912</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tyrer Jack</b>	
STREET ADDRESS	<b>1353 Kingswood Court</b>	
CITY-ST-ZIP	<b>Fort Myers 33919</b>	

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:** *[Signature]* **LYLE D. SMITH** 3-19-01 941-2784400

CR2E037 (10/00)