

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N44191**

1. Entity Name

**LITERACY VOLUNTEERS OF AMERICA INCORPORATED - ES**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90096 037 \*\*\*\*61.25

Principal Place of Business	Mailing Address
C/O WAYNE P. WILLIS 801 NORTH 12TH AVENUE PENSACOLA FL 32501	C/O WAYNE P. WILLIS 801 NORTH 12TH AVENUE PENSACOLA FL 32501-3302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2741395</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WILLIS, WAYNE P.**  
**801 NORTH 12TH AVENUE**  
**PENSACOLA FL 32501**


**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>REZEK, TOM (DR)</b>	
STREET ADDRESS	<b>30 EAST TEXAR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COSTA, LISA</b>	
STREET ADDRESS	<b>400 TEDDER RD</b>	
CITY-ST-ZIP	<b>CENTURY FL 32535</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SANTOS, SANDRA G</b>	
STREET ADDRESS	<b>30 E TEXAR ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CUTRONE, FRANK</b>	
STREET ADDRESS	<b>8504 PUNTA LORA</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NEWTON, CONNIE</b>	
STREET ADDRESS	<b>213 S ALCANIZ</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
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:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-25-00** Daytime Phone # **(850) 434-7639**

CR2E037 (9/99)