

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90053 049 ****61.25

DOCUMENT # N44191

1. Entity Name

LITERACY VOLUNTEERS OF AMERICA INCORPORATED - ES

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2741395

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

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

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 | P | <input type="checkbox"/> Delete |
| NAME | REZEK, TOM (DR) | |
| STREET ADDRESS | 30 EAST TEXAR | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | COSTA, LISA | |
| STREET ADDRESS | 400 TEDDER RD | |
| CITY-ST-ZIP | CENTURY FL 32535 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SANTOS, SANDRA G | |
| STREET ADDRESS | 30 E TEXAR ST | |
| CITY-ST-ZIP | PENSACOLA FL 32504 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CUTRONE, FRANK | |
| STREET ADDRESS | 8504 PUNTA LORA | |
| CITY-ST-ZIP | PENSACOLA FL 32514 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NEWTON, CONNIE | |
| STREET ADDRESS | 213 S ALCANIZ | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 checked="" type="checkbox"/> Addition |
| NAME | BURRIS KEVIN R. | |
| STREET ADDRESS | 5613 DORIS STREET | |
| CITY-ST-ZIP | MILTON, FL 32570 | |
| 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:

Thomas W. Rezek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01

Date

Daytime Phone #

CR2E037 (10/00)