

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718291

1. Entity Name

ADULT LITERACY LEAGUE, INC.

FILED
Jun 12, 2000 8:00 am
Secretary of State

02-29-2000 90120 025 ****61.25

Principal Place of Business

Mailing Address

345 W. MICHIGAN ST.
SUITE 100
ORLANDO FL 32806
US

345 W. MICHIGAN ST.
SUITE 100
ORLANDO FL 32806-4465
US

2. Principal Place of Business

3. Mailing Address

345 W. Michigan St

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State
Orlando, FL

City & State

Zip
32806

Country
USA

Zip

Country

4. FEI Number

23-7076600

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

PANKOWIECKI, JOE
1081 NODDING PINE WY
CASSELBERRY FL 32707

Name

Katherine Vaccaro

Street Address (P.O. Box Number is Not Acceptable)

1614 Lorena Lane

City

Orlando

FL

Zip Code

32806

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

Katherine E Vaccaro

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/00

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	☒ Delete
NAME	PANKOWIECKI, JOE	
STREET ADDRESS	1081 NODDING PINE WY	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	SDD	☒ Delete
NAME	YINGLING, LOIS	
STREET ADDRESS	1251 QUEEN ELAINE DR.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	DVP	☒ Delete
NAME	WEHRLE, ROYELLEN	
STREET ADDRESS	2000 E MICHIGAN ST.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	T	☐ Delete
NAME	SQUIRES, GREY	
STREET ADDRESS	940 HIGHLAND AVE.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	ED	☐ Delete
NAME	WHIDDEN, JOYCE	
STREET ADDRESS	924 N MAGNOLIA AVE 307	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	☐ Change ☒ Addition
NAME	Vaccaro, Katherine	
STREET ADDRESS	1614 Lorena Lane	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	Secretary	☐ Change ☒ Addition
NAME	T. Grey Squires	
STREET ADDRESS	940 Highland Ave.	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	V. President	☐ Change ☒ Addition
NAME	Johnny Metcalf	
STREET ADDRESS	2633 Kerwood Circle	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	Treasurer	☐ Change ☒ Addition
NAME	Matt Donnelly	
STREET ADDRESS	111 N. Orange Ave. #1600	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	345 W. Michigan St. Suite 100	
CITY-ST-ZIP	Orlando, FL 32806	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #