

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753373

1. Entity Name

THE COUNCIL OF VOLUNTEER READING TUTORS, INC.

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

01-27-2000 90092 002 ****61.25

Principal Place of Business	Mailing Address
1700 NORTH MERIDIAN RD TALLAHASSEE FL 32303 US	1700 NORTH MERIDIAN ROAD TALLAHASSEE FL 32303-5646 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2078253	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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KECK, ALBERT P 2047 OWENBY DR TALLAHASSEE FL 32308	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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>TD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>KECK, ALBERT P.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2047 OWENBY DR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TALLAHASSEE FL 32308</td><td></td></tr></table>	TITLE	TD	<input type="checkbox"/> Delete	NAME	KECK, ALBERT P.		STREET ADDRESS	2047 OWENBY DR		CITY-ST-ZIP	TALLAHASSEE FL 32308		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:		1/22/2000	921-1431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #