

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768509

1. Entity Name

LEARN TO READ OF CITRUS COUNTY, INC.

Principal Place of Business

13 MORNING GLORY COURT  
HOMOSASSA FL 34446

Mailing Address

13 MORNING GLORY COURT  
HOMOSASSA FL 34446-5420

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

59-2878689

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

VERGE, ERNIE  
13 MORNING GLORY COURT  
HOMOSASSA FL 34446

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEIKKINEN, JUDY	
STREET ADDRESS	31305 CYGNET CT	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MAGARGAL, MARY ELLEN	
STREET ADDRESS	5674 E. STOKES FERRY RD	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, CATHERINE	
STREET ADDRESS	4075 S. JEFFERSON ST	
CITY-ST-ZIP	BEVERLY HILLS FL 34464	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ATKINSON, PAMELA	
STREET ADDRESS	9096 BELLA VISTA CT.	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERGE, ERNIE	
STREET ADDRESS	13 MORNING GLORY CT	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOTT, DOLLI	
STREET ADDRESS	18 BOXELDER CT.	
CITY-ST-ZIP	HOMOSASSA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH ZARBOCK	
STREET ADDRESS	4226 E. SUNUP CT	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL KRACHT	
STREET ADDRESS	24 SWEET GUM CT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCILLE MIDDLESWORTH	
STREET ADDRESS	1241 W STAFFORD ST	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADELINE WALLACE	
STREET ADDRESS	2 CYPRESS RUN NO. 24A	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00 (352)382-0209  
Date Daytime Phone #

CR2E037 (9/99)