

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-03-2001 90049 011 ****61.25

DOCUMENT # N00000000792

1. Entity Name

THE WAKULLA COUNTY COALITION FOR READINESS, INC.

Principal Place of Business

Mailing Address

126 HIGH DR.
CRAWFORDVILLE FL 32327

126 HIGH DR.
CRAWFORDVILLE FL 32327

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

Appling

☒ 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

MILLER, DAVID
126 HIGH DR.
CRAWFORDVILLE FL 32327

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 NAME STREET ADDRESS CITY-ST-ZIP	Chairperson D <input type="checkbox"/> Delete David Miller 126 High Drive Crawfordville, Florida 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chairperson D <input type="checkbox"/> Delete Robert Rounta 327 Canal Street Crawfordville, Florida 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer D <input type="checkbox"/> Delete Judy Myhre P.O. Box 100 Crawfordville, Florida 32326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member at Large D <input type="checkbox"/> Delete Annie Ruth Perryman 87 Andrew Hargrett Sr. Road Crawfordville, Florida 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member at Large D <input type="checkbox"/> Delete Pamela Davis, Kids Incorporated 1170 Capital Circle, NE Tallahassee, Florida 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Pamela Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01

414-9800

CR2007 (10/00)