

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90276 013 *****70.00

DOCUMENT # N00000001361

1. Entity Name

THE COLLIER SCHOOL READINESS COALITION, INC.

Principal Place of Business

C/O CHILDCARE OF SOUTH WEST FLORIDA, INC.
 269 SOUTH AIRPORT ROAD
 NAPLES FL 34104

Mailing Address

C/O CHILDCARE OF SOUTH WEST FLORIDA, INC.
 269 SOUTH AIRPORT ROAD
 NAPLES FL 34104

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

65-0997534

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WICKENDEN, D. KEITH
GRANT FRIDKIN PEARSON ATHAN & CROWN PA
551 RIDGEWOOD DRIVE SUITE 501
NAPLES FL 34108

7. Name and Address of New Registered Agent

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	AGUILAR, ELAINE	
STREET ADDRESS	1261 MARY W BILLIE DRIVE	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CACHO, PAT	
STREET ADDRESS	4830 SHEARWATER LANE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOHNER, SR. JUDY	
STREET ADDRESS	PO BOX 1053, GUADALUPE CENTER	
CITY-ST-ZIP	IMMOKALEE FL 34143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, SANDRA	
STREET ADDRESS	506 DOAL AVENUE	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, MARY ANN	
STREET ADDRESS	1213 LEE STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, RAYMOND	
STREET ADDRESS	908 TAYLOR TERRACE	
CITY-ST-ZIP	IMMOKALEE FL 34142	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE PATERNO	
STREET ADDRESS	WORKFORCE DEVELOPMENT BOARD	
CITY-ST-ZIP	24311 WALDEN CENTER DR - SUITE 200 BONITA SPRINGS FL 34134	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED N. THOMAS, JR.	
STREET ADDRESS	COLLIER COUNTY HOUSING AUTHORITY	
CITY-ST-ZIP	1800 FARMWORKER WAY IMMOKALEE FL 34142	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMANDA TRAMMELL	
STREET ADDRESS	NORTHERN TRUST BANK	
CITY-ST-ZIP	4001 TAMiami TRAIL N NAPLES FL 34103	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN STELMACKI	
STREET ADDRESS	DISTRICT SCHOOL BOARD OF COLLIER COUNTY	
CITY-ST-ZIP	3710 ESTEY AVE NAPLES FL 34104	
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:

Joseph Paterno
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH PATERNO 1/25/01 (941) 992-8000
 Date Daytime Phone #

CR2E037 (10/00)