

2301 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-11-2001 90129 045 ****70.00

DOCUMENT # NO0000001865
1. Entity Name
Polk County School Readiness Coalition, Inc. (LA)

Principal Place of Business **Mailing Address**
4720 Old Hwy 37 same
Lakeland, FL 33813

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 59-3448316 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Elizabeth Harlan
500 S. Florida Ave. Suite # 200
Lakeland, FL 33801

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- Coalition Chairman <input type="checkbox"/> Delete
NAME	<u>Malcolm Scott</u>
STREET ADDRESS	<u>3225 SR 430 W</u>
CITY-ST-ZIP	<u>FT. MEADE, FL 33841</u>
TITLE	D- Coalition Vice-Chair <input type="checkbox"/> Delete
NAME	<u>Debbie Potter</u>
STREET ADDRESS	<u>400 AVENUE C SE</u>
CITY-ST-ZIP	<u>WINTER HAVEN, FL 33880</u>
TITLE	D- Coalition Secretary <input type="checkbox"/> Delete
NAME	<u>Flornie Deaner</u>
STREET ADDRESS	<u>1290 Golfview Avenue</u>
CITY-ST-ZIP	<u>BARTON, FL 33830</u>
TITLE	D- Finance Committee Chair <input type="checkbox"/> Delete
NAME	<u>Charles McPherson</u>
STREET ADDRESS	<u>210 S. Florida Ave</u>
CITY-ST-ZIP	<u>Lakeland, FL 33801</u>
TITLE	D- Enhancements Committee Chair <input type="checkbox"/> Delete
NAME	<u>Ray Graber</u>
STREET ADDRESS	<u>1004 U.S. Hwy 92 W</u>
CITY-ST-ZIP	<u>Altamonte, FL 33823</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: Malcolm Scott **07-02-01 (803) 619-4284**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E037 (11/00)