

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90098 010 ****70.00

DOCUMENT # N00000001865

1. Entity Name

POLK COUNTY SCHOOL READINESS COALITION, INC.

Principal Place of Business

Mailing Address

~~4720 OLD HWY 37~~
LAKELAND FL 33813

~~4720 OLD HWY 37~~
LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

309 N. Ingraham Ave.
 Suite, Apt. #, etc.

P.O. Box 8091
 Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33801

Country

U.S.A.

Zip

33802-8091

Country

U.S.A.

4. FEI Number **59-3648316**
59-3048316

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

HARLAN, ELIZABETH
500 S. FLORIDA AVE., STE. #200
LAKELAND FL 33801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DOO	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, MALCOLM	
STREET ADDRESS	3225 SR 630 W	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	DCVC	<input checked="" type="checkbox"/> Delete
NAME	POTTER, DEBBIE	
STREET ADDRESS	400 AVENUE C SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	DCS	<input type="checkbox"/> Delete
NAME	DEANER, FLORRIE	
STREET ADDRESS	1290 GOLFVIEW AVENUE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	DFCC	<input type="checkbox"/> Delete
NAME	MCPHERSON, CHARLES	
STREET ADDRESS	210 S FLORIDA AVENUE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	DECC	<input type="checkbox"/> Delete
NAME	GRABER, RAY	
STREET ADDRESS	1004 US HWY 92 W	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D- Coalition chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Rhodes	
STREET ADDRESS	1108 Brighton Way	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	D- Coalition Vice Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Artemas Holmes	
STREET ADDRESS	P.O. Box 1480	
CITY-ST-ZIP	Bartow, FL 33831	
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: James H. Rhodes **Jan 22, 2002** (813) 499-2440

CR2E037 (9/01)