

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90300 009 \*\*\*\*70.00

**DOCUMENT # N00000001865**

**1. Entity Name**  
**POLK COUNTY SCHOOL READINESS COALITION, INC.**



**Principal Place of Business**

**309 N INGRAHAM AVE  
LAKELAND FL 33801**

**Mailing Address**

**1811 RICHMOND ROAD  
LAKELAND FL 33803**

**2. Principal Place of Business**

**1811 Richmond Rd.**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Lakeland FL**

**City & State**

**4. FEI Number 59-3648316**

**Applied For**

**Not Applicable**

**Zip**

**33803**

**Country**

**USA**

**Zip**

**Country**

**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**

**825 E. MAIN ST.  
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. I am familiar with, and accept the obligations of registered agent.**

**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**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<b>DCC</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>RHODES, JIM</b>	
<b>STREET ADDRESS</b>	<b>1108 BRIGHTON WAY</b>	
<b>CITY-ST-ZIP</b>	<b>LAKELAND FL 33813</b>	
<b>TITLE</b>	<b>DCVC</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>HOLMES, ARTEMAS</b>	
<b>STREET ADDRESS</b>	<b>PO BOX 1480</b>	
<b>CITY-ST-ZIP</b>	<b>BARTOW FL 33831</b>	
<b>TITLE</b>	<b>DCS</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>DEANER, FLORRIE</b>	
<b>STREET ADDRESS</b>	<b>1290 GOLFVIEW AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>BARTOW FL 33830</b>	
<b>TITLE</b>	<b>DFCC</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MCPHERSON, CHARLES</b>	
<b>STREET ADDRESS</b>	<b>210 S FLORIDA AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>LAKELAND FL 33801</b>	
<b>TITLE</b>	<b>DECC</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>GRABER, RAY</b>	
<b>STREET ADDRESS</b>	<b>1004 US HWY 92 W</b>	
<b>CITY-ST-ZIP</b>	<b>AUBURNDAL FL 33823</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>DCVC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Graber, RAY</b>	
<b>STREET ADDRESS</b>	<b>1004 US Hwy 92 W</b>	
<b>CITY-ST-ZIP</b>	<b>Auburndale, FL 33823</b>	
<b>TITLE</b>	<b>DCS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Plews, Mary Jo</b>	
<b>STREET ADDRESS</b>	<b>301 3rd ST. Suite 200</b>	
<b>CITY-ST-ZIP</b>	<b>Winter Haven, FL 33884</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Kris Giordano* **CR2E037 (10/02)**  
**CR2E037 (10/02)**  
**Exec. Director 1-28-03**  
**(863) 413-9890**