

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/26

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90239 026 \*\*\*\*61.25

**DOCUMENT # N00000002176**

1. Entity Name

**MADISON COUNTY SCHOOL READINESS COALITION, INC.**

Principal Place of Business

Mailing Address

312 NE DUVAL STREET  
MADISON FL 32340

312 NE DUVAL STREET  
MADISON FL 32340

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

☒ 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

**DAY, LUCILLE**  
**312 NE DUVAL STREET**  
**MADISON FL 32340**

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

*Lucille Day* *LLC Coops!* *2/15/01*  
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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME C/D  
STREET ADDRESS George Willis  
CITY-ST-ZIP P.O. Box 119/ 576 NE Caraway Loop  
Madison, Florida 32341

TITLE ☐ Change ☒ Addition  
NAME Vice Chairman/ D  
STREET ADDRESS Gene Stokes  
CITY-ST-ZIP Route 1, Box 1100  
Lee, Florida 32059

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS Michael McElroy  
CITY-ST-ZIP 601 West Base Street  
Madison, Florida 32340

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Kimberly Allbritton  
CITY-ST-ZIP P.O. Box 568/ 110 N Grand St  
Greenville, Florida 32331

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Lucile Day  
CITY-ST-ZIP 312 NE Duval Street  
Madison, Florida 32340

TITLE ☐ Change ☐ 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:

*Lucile B. Day* *Lucile B. Day*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-20-01*  
Date

*(850) 973-5022*  
Daytime Phone #

*Revised Copy*