

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90007 027 ****70.00

0087220

DOCUMENT # N00000002287

1. Entity Name

SCHOOL READINESS COALITION OF HIGHLANDS COUNTY,

Principal Place of Business

426 SCHOOL STREET
 SEBRING FL 33870

Mailing Address

426 SCHOOL STREET
 SEBRING FL 33870

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

n/a

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F
 129 SOUTH COMMERCE AVENUE
 SEBRING FL 33870

7. Name and Address of New Registered Agent

Name

DORIS M GENTRY

Street Address (P.O. Box Number is Not Acceptable)

600 W. College Drive

City

Avon Park

FL

Zip Code

33825

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

Doris M Gentry

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
 NAME GENTRY, DORIS ☐ Delete
 STREET ADDRESS 600 WEST COLLEGE DRIVE
 CITY-ST-ZIP AVON PARK FL 33825

TITLE D
 NAME RUDASILL, JEAN ☐ Delete
 STREET ADDRESS 2835 N.E. LAKEVIEW
 CITY-ST-ZIP SEBRING FL 33870

TITLE SD
 NAME JONES, JONATHAN ☐ Delete
 STREET ADDRESS POST OFFICE BOX 1599 N/A
 CITY-ST-ZIP SEBRING FL 33871

TITLE T
 NAME ROBERTS, KEVIN ☐ Delete
 STREET ADDRESS 426 SCHOOL STREET
 CITY-ST-ZIP SEBRING FL 33870

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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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: *Jonathan Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)