

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90047 050 \*\*\*\*70.00

**DOCUMENT # N00000002287**

1. Entity Name

**SCHOOL READINESS COALITION OF HIGHLANDS COUNTY, INC.**

Principal Place of Business

Mailing Address

426 SCHOOL STREET  
 SEBRING FL 33870

426 SCHOOL STREET  
 SEBRING FL 33870

2. Principal Place of Business

600 West College Drive

3. Mailing Address

650 East Cornell Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Avon Park, FL

City & State  
 Avon Park, FL

4. FEI Number  
 #65-1006254

Applied For

Not Applicable

Zip  
 33825

Country  
 Highlands

Zip  
 33825

Country  
 Highlands

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

BENTRY, DORIS M  
 600 W COLLEGE DRIVE  
 AVON PARK FL 33825

Name  
 Doris Gentry

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

650 East Cornell Street

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 Doris Gentry  
 650 East Cornell Street  
 Avon Park, FL 33825 ☒ Change ☐ Addition

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SD  
 Gaye Williams  
 950 CR 17 AW  
 Avon Park, FL 33825 ☒ Change ☐ Addition

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)