FILED
Mar 06, 2003 8:00 am
Secretary of State

02-14-2003 90222 039 ****61.25

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002458

1. Entity Name

THE HARDEE COUNTY SCHOOL READINESS COALITION, IN C.

Principal Place of Business	Mailing Address
C/O HARDEE COUNTY SCHOOL BOARD OFFICE 1009 NORTH SIXTH AVE WAUCHULA FL 33873	C/O HARDEE COUNTY SCHOOL BOARD OFFICE PO BOX 1678 WAUCHULA FL 33873

☐ CHECK HERE IF MAKING CHANGES

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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAXTER, TRACEY T
901 W MAIN ST, OFFICE 120
WAUCHULA FL 33873

7. Name and Address of New Registered Agent

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 accep the obligations of registered agent.

SIGNATURE Tracy C Baxter 07 Feb 2003
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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOMLINSON, VIDA 803 SHADY NOOK CIRCLE WAUCHULA FL 33873	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, DENISE 1009 N SIXTH AVE WAUCHULA FL 33873	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Angel Rodriquez P.O. Box 1549 Wauchula Fl 33873 ☒ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNIGHT, SHIRLEY 1999 ST RD 64 E WAUCHULA FL 33873	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, DENNIS PO BOX 1678 WAUCHULA FL 33873	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWRE, KATE PO BOX 368 LAKELAND FL 33802-0368	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAY, SUE 4720 OLD HWY 37 LAKELAND FL 33831	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairperson Sylvia Collins 502 East Main Street Wauchula Fl 33873 ☒ Change ☐ Additi

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 informatior 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 directo 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tracy C Baxter 07 Feb 03 863 773-4226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #