

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002544

1. Entity Name

THE JEFFERSON COUNTY SCHOOL READINESS COALITION.

Principal Place of Business

1490 W WASHINGTON ST
MONTICELLO FL 32344

Mailing Address

1490 W WASHINGTON ST
MONTICELLO FL 32344

LA

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
5. Certificate of Status Desired ☐

☒ Applied For
☐ Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCKINGHAM, T
220 S CHERRY ST
MONTICELLO FL 32344

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

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 S
NAME MORRIS, SHARON ☒ Delete
STREET ADDRESS 620 N JEFFERSON ST
CITY-ST-ZIP MONTICELLO FL 32344

TITLE Executive Committee member ☒ Change ☐ Addition
NAME Cynthia Shrestha (T)
STREET ADDRESS 1490 W Washington St.
CITY-ST-ZIP Monticello, FL 32344

TITLE C
NAME JONES, JOHN S JR (T) ☐ Delete
STREET ADDRESS 795 E SECOND ST
CITY-ST-ZIP MONTICELLO FL 32344

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

TITLE C
NAME FINLAYSON, RICHARD (T) ☐ Delete
STREET ADDRESS RT 1, BOX 56
CITY-ST-ZIP MONTICELLO FL 32344

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 08-01

Date

Daytime Phone #

CR2E037 (10/00)