

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002617

1. Entity Name

SCHOOL READINESS COALITION OF DESOTO COUNTY, INC

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90055 012 ****61.25

Principal Place of Business
318 WILSON AVE.
ARCADIA FL 34266

Mailing Address
318 WILSON AVE.
ARCADIA FL 34266

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 59-3645289

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

VINCENT A. SICA, P.A.
10 S. DESOTO AVE., SUITE 101
ARCADIA FL 34266

Name Mary Victor

Street Address (P.O. Box Number is Not Acceptable)
1978 N.E. Floridian Circle

City Arcadia, FL

FL Zip Code 34266

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

Mary Victor

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	PD	<input type="checkbox"/> Delete
NAME	GOODMAN, SHARON T	
STREET ADDRESS	318 N. WILSON AVENUE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAVAGE, DANIEL REV	
STREET ADDRESS	407 N. HILLSBOROUGH AVENUE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MATHIS, CAROL ANN	
STREET ADDRESS	1006 N. BREVARD AVE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORTON, SUZANNE	
STREET ADDRESS	400 N. BREVARD AVE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY VICTOR	
STREET ADDRESS	1978 N.E. FLORIDIAN CIRCLE	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS NATIELLO	
STREET ADDRESS	805 N. MILLS	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON TURNER	
STREET ADDRESS	34 BALDWIN AVENUE	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary Victor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY VICTOR

3-30-02

863-494-4375

Date

Daytime Phone #

CR2E037 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

ATTACHMENT

006233

DOCUMENT # N00000002617

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SCHOOL READINESS COALITION OF DESOTO COUNTY, INC

353789

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CITY-ST-ZIP ARCADIA FL 34266

TITLE PD ☒ Change ☐ Addition
NAME MARY VICTOR
STREET ADDRESS 1978 N.E. FLORIDIAN CIRLCE
CITY-ST-ZIP ARCADIA, FL 34266

TITLE VD ☐ Delete
NAME SAVAGE, DANIEL REV
STREET ADDRESS 407 N. HILLSBOROUGH AVENUE
CITY-ST-ZIP ARCADIA FL 34266

TITLE VD ☒ Change ☐ Addition
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STREET ADDRESS 805 N. MILLS
CITY-ST-ZIP ARCADIA, FL 34266

TITLE SD ☐ Delete
NAME MATHIS, CAROL ANN
STREET ADDRESS 1006 N. BREVARD AVE
CITY-ST-ZIP ARCADIA FL 34266

TITLE SD ☒ Change ☐ Addition
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STREET ADDRESS 34 BALDWIN AVENUE
CITY-ST-ZIP ARCADIA, FL 34266

TITLE TD ☐ Delete
NAME MORTON, SUZANNE
STREET ADDRESS 400 N. BREVARD AVE
CITY-ST-ZIP ARCADIA FL 34266

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

TITLE ☐ Delete
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SIGNATURE:

MARY VICTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)