

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002633

1. Entity Name

THE MONROE COUNTY SCHOOL READINESS COALITION, IN

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90317 001 \*\*\*140.00

Principal Place of Business

Mailing Address

1101 VIRGINIA ST  
KEY WEST FL 33040-1033

1101 VIRGINIA ST  
KEY WEST FL 33040-1033

2. Principal Place of Business

3. Mailing Address

1304 Truman Avenue

1304 Truman Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key West, FL

Key West, FL

Zip

Country

Zip

Country

33040

Monroe

33040

Monroe

4. FEI Number

65-1013952

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

BARKER, JOSEPH  
1523 SEMINARY ST  
KEY WEST FL 33040

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
BARKER, JOSEPH  
1101 VIRGINIA ST  
KEY WEST FL 33040-1033 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
Barker, Joseph  
1523 Seminary Street  
Key West, FL 33040 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WEST, ANN  
1101 VIRGINIA ST  
KEY WEST FL 33040-1033 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
West, Ann  
PO Box 522516  
Marathon Shores, FL 33052-2516 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
WIECJOREK, KIM  
1101 VIRGINIA ST  
KEY WEST FL 33040-1033 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
Wiecjorek, Kim  
122 Fontaine Drive  
Tavernier, FL 33070 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BROWN-MARTILIK, MARY  
1101 VIRGINIA ST  
KEY WEST FL 33040-1033 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
Brown-Martilik, Mary  
1134 De Lussan Lane  
Cudjoe Key, FL 33042 ☒ 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:

*Joseph Barker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

2-2-01

305-292-7150 x32

CR2E037 (10/00)