

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0017853

DOCUMENT # N00000002633

1. Entity Name

THE MONROE COUNTY SCHOOL READINESS COALITION, IN C.

Principal Place of Business

Mailing Address

**1304 TRUMAN AVENUE
 KEY WEST FL 33040**

**1304 TRUMAN AVENUE
 KEY WEST FL 33040**

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

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 ☐ Delete
 NAME **CD**
 STREET ADDRESS **BARKER, JOSEPH**
 CITY-ST-ZIP **1523 SEMINARY STREET
 KEY WEST FL 33040**

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

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **WEST, ANN**
 CITY-ST-ZIP **P.O. BOX 522516
 MARATHON SHORES FL 33052-2516**

TITLE ☐ Change ☒ Addition
 NAME **SD**
 STREET ADDRESS **TALLMADGE, RICHARD**
 CITY-ST-ZIP **1700 JAMAICA DRIVE
 KEY WEST, FL 33040**

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **WIECJOREK, KIM**
 CITY-ST-ZIP **122 FONTAINE DRIVE
 TAVERNIER FL 33070**

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **BROWN-MARTILIK, MARY**
 CITY-ST-ZIP **1134 DE LUSSAN LANE
 CUDJOE KEY FL 33042**

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02

305-292-7150 x222

CR2E037 (9/01)