2001 UNIFORM BUSINESS REPORT (UBR)

Jun 20, 2001 8:00 am DOCUMENT # N0000003156 **Secretary of State** 1. Entity Name 05-01-2001 90092 018 ****61.25 LAKE COUNTY SCHOOL READINESS COALITION, INC. Principal Place of Business Mailing Address C/O EMILY LEE C/O EMILY LEE 315 MAIN ST 315 MAIN ST TAVARES FL 32778 TAVARES FL 32778 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3666873 Not Applicable Zip Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Glenna Osborne Street Address (P.O. Box Number is Not Acceptable) AUERBACH, MARC H 201 S BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131 1300 Duncan Drive, Building D Zip Code FL Tavares 32778 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state or Florida. Glenna Osborne SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2F037 (10/00) TITLE ☐ Oelete TITLE XX Addition P/Director NAME Will Pruitt STREET ADDRESS STREET ADDRESS 15544 S.E. 160th Ave. "ITY-ST-ZIP CITY-ST-ZIP Weirsdale, FL 32195 XX Addition ☐ Delete TITLE **VP/Director** TAME NAME Glenna Osborne TREET ADDRESS STREET ADDRESS 1300 Duncan Drive, Building D CITY-ST-ZIP CITY-ST-ZIP Tavares, FL 32778 S/Director Change TITLE ☐ Delete TITLE XX Addition 'JAME NAME Lori-Baker STREET ADDRESS STREET ADDRESS 4275 Chalet Drive DITY-ST-ZIP CITY-ST-ZIP Mount Dora, FL 32757 ☐ Delete TITLE TITLE Addition Change T/Director NAME Mike Pederson STREET ADDRESS STREET ADDRESS 515 W. Main Street CITY-ST-ZIP CITY-ST-ZIP Leesburg, FL 34748 TITLE TITLE Change Addition Delete TAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP Change Addition TOTLE Deiete TITLE :IAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

ETREET ADDRESS

Will Telen

Mike Pederson

4-24-0

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FILED