

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000003156

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: LAKE COUNTY SCHOOL READINESS COALITION, INC.

Current Principal Place of Business:

C/O EMILY LEE
315 MAIN ST
TAVARES, FL 32778

New Principal Place of Business:

1410 EMERSON ST.
LEESBURG, FL 34748

Current Mailing Address:

C/O EMILY LEE
315 MAIN ST
TAVARES, FL 32778

New Mailing Address:

1410 EMERSON ST
LEESBURG, FL 34748

FEI Number: 59-3666873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSBOURNE, GLENNA
1300 DUNCAN DRIVE
BUILDING D
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRUITT, WILL
Address: 15544 SE 160TH AVENUE
City-St-Zip: WEIRSDALE, FL 32195

Title: VPD () Delete
Name: OSBORNE, GLENNA
Address: 1300 DUNCAN DRIVE, BUILDING D
City-St-Zip: TAVARES, FL 32778

Title: SD () Delete
Name: BAKER, LORI
Address: 4275 CHALET DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: TD () Delete
Name: PEDERSON, MIKE
Address: 515 W MAIN STREET
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WINKLE, CINDY
Address: 1380 N. RIDGE BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: SD (X) Change () Addition
Name: PEACE, REGINA
Address: 4275 CHALET DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: TD (X) Change () Addition
Name: PEDERSON, MIKE
Address: 10401-104 HWY 441
City-St-Zip: LEESBURG, FL 34788

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILL PRUITT

PD

04/30/2002

Electronic Signature of Signing Officer or Director

Date