

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-06-2002 90029 044 ****70.00

DOCUMENT # N00000003377

1. Entity Name

SUMTER COUNTY SCHOOL READINESS COALITION, INC.

Principal Place of Business

103 A HUEY ST.
WILDWOOD FL 34785

Mailing Address

103 A HUEY ST.
WILDWOOD FL 34785

23514



DO NOT WRITE IN THIS SPACE

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

#59-3643092

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

CLEMONS, ELIZABETH M "D"
301 W. MCCOLLUM AVE.
BUSHNELL FL 33513

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

TITLE ☒ Delete
NAME HOWARD, PATRICK
STREET ADDRESS 1601 W. GULF ATLANTIC HWY.
CITY-ST-ZIP WILDWOOD FL 34785

TITLE ☒ Delete
NAME SHIRLEY, RICHARD
STREET ADDRESS 2680 W.C. 476
CITY-ST-ZIP BUSHNELL FL 33513

TITLE ☐ Delete
NAME EARL, GARY
STREET ADDRESS 1801 LEE RD., STE. 270
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☒ Delete
NAME OWENS, ROSETTA
STREET ADDRESS P.O. BOX 98
CITY-ST-ZIP BUSHNELL FL 33513

TITLE ☒ Delete
NAME STEWART, DARNELL
STREET ADDRESS 1601 W. GULF ATLANTIC HWY.
CITY-ST-ZIP WILDWOOD FL 34785

TITLE ☒ Delete
NAME FOY, LINDA
STREET ADDRESS 1601 NE 25TH AVE.
CITY-ST-ZIP Ocala FL 34470

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Dee Pierce Co. Chairman
STREET ADDRESS 515 Main Street "D."
CITY-ST-ZIP Leesburg, 34748

TITLE ☒ Change ☐ Addition
NAME Treasurer "T"
STREET ADDRESS Ivory Gray
338 S. Main Street
CITY-ST-ZIP Wildwood, FL 34785

TITLE ☒ Change ☐ Addition
NAME Secretary "T"
STREET ADDRESS Tim Fillmon
3743 CR 721
CITY-ST-ZIP Webster, FL 33597

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

TITLE ☐ Change ☐ Addition
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: Elizabeth M. Clemons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 8, 2002 (352) 793-5405

Date Daytime Phone #

CR2E037 (9/01)