

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90040 026 \*\*\*\*70.00

**DOCUMENT # N00000003385**

1. Entity Name

**THE SCHOOL READINESS COALITION OF MARTIN COUNTY, INC.**



Principal Place of Business

**742 COLORADO AVENUE  
STUART FL 34994**

Mailing Address

**742 COLORADO AVENUE  
STUART FL 34994**

**70011474**

2. Principal Place of Business

**2030 SE Ocean Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**2030 SE Ocean Blvd.**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Stuart, FL 34996**

City & State

**Stuart, FL 34996**

4. FEI Number **65-1035652**

Applied For

Not Applicable

Zip

**34996**

Country

**Martin**

Zip

**34996**

Country

**Martin**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FAULK, OLAN J ED  
742 COLORADO AVENUE  
STUART FL 34994**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2030 SE Ocean Blvd.**

City

**Stuart**

**FL**

Zip Code

**34996**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Olan J. Faulk**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **LASS, JOHN M CHAIR**  
STREET ADDRESS **1700 S.E. MONTEREY ROAD**  
CITY-ST-ZIP **STUART FL 34996**

TITLE **D** ☐ Delete  
NAME **OLSSON, CHUCK VCHAIR**  
STREET ADDRESS **815 COLORADO AVENUE**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Delete  
NAME **PELLETIER, PATTI SEC.**  
STREET ADDRESS **1370 NE DIXIE HWY.**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **O** ☒ Delete  
NAME **FAULK, OLAN J ED**  
STREET ADDRESS **742 COLORADO AVENUE**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Delete  
NAME **BECK, PEG TREA.**  
STREET ADDRESS **6161 SE GEORGETOWN PLACE**  
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D/C** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2030 SE Ocean Blvd.**  
CITY-ST-ZIP **Stuart, FL 34996**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2030 SE Ocean Blvd.**  
CITY-ST-ZIP **Stuart, FL 34996**

TITLE **O/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2030 SE Ocean Blvd.**  
CITY-ST-ZIP **Stuart, FL 34996**

TITLE **D/Tr** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2030 SE Ocean Blvd.**  
CITY-ST-ZIP **Stuart, FL 34996**

TITLE **D/V** ☐ Change ☒ Addition  
NAME **Sherry Plymale**  
STREET ADDRESS **2030 SE Ocean Blvd.**  
CITY-ST-ZIP **Stuart, FL 34996**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

**Olan J. Faulk**

**1-6-03**

**772-288-5758**

CR2E037 (10/02)