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

FILED
Jul 23, 2003 8:00 am
Secretary of State
07-23-2003 90061 005 ****61.25

DOCUMENT # N00000003477

1. Entity Name

PINELLAS COUNTY SCHOOL READINESS COALITION, INC.

Principal Place of Business	Mailing Address
C/O JUVENILE WELFARE BOARD OF PINELLLAS 6698 68TH AVE NORTH PINELLAS PARK FL 33781-5060	C/O JUVENILE WELFARE BOARD OF PINELLLAS 6698 68TH AVE NORTH PINELLAS PARK FL 33781-5060

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6698 - 68th Avenue North	6698 - 68th Avenue North
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.: Suite A
City & State: Pinellas Park, FL	City & State: Pinellas Park, FL
Zip: 33781-5015 Country:	Zip: 33781-5015 Country:

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CROFT, WINSTON
6698 68TH AVENUE NORTH
PINELLAS PARK FL 33781-5060

7. Name and Address of New Registered Agent

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

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
After September 10, 2003, min will be $236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT ELLEN, LASHER 11450 GANDY BLVD ST PETERSBURG FL 33733	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT ELLIOTT, LE ANN SPC PO BOX 13489 ST. PETERSBURG, FL 33733	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCT ELLIOTT, LE ANN SPJC PO BOX 13489 ST PERSBURGE FL 33733	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCT HEILMAN, JOHN DR. 500 7TH AVENUE SOUTH ST.PETERSBURG, FL 33733	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HELMAN, JOHN DR 500 7TH AVE S ST PETERSBURG FL 33733	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT TURNER, JULIE 100 SECOND AVENUE SOUTH, SUITE 800 ST.PETERSBURG, FL 33701-4337	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BALZER, TERRI 11351 ULMERTON ROAD LARGO, FL 33778	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

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] (Winston Croft) 7-9-03 727-547-5614