

2002 **NOT-FOR-PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91758 023 ****61.25

DOCUMENT # N00000005488

1. Entity Name
HERNANDO COUNTY SCHOOL READINESS COALITION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 20162 CORTEZ BLVD. Suite, Apt. #, etc.		3. Mailing Address 5196 HOPE LANE Suite, Apt. #, etc.	
City & State BROOKSVILLE, FL 34601		City & State SPRING HILL, FL 34606	
Zip	Country	Zip	Country

4. FEI Number
59-3681001

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

7. Name and Address of Current Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
--	---	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D BEDELL, DORIS J. 5196 HOPE LANE SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D BROOKS, JOYCE 5454 SANDRA DRIVE SPRING HILL, FL 34607	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D EVERETT, JUDITH 900 EMERSON ROAD BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D FOY, LINDA 1601 NE 25TH AVENUE OCALA, FL 34470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE *X* *Doris J. Bedell* **DORIS J. BEDELL** **04/29/02**