

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90079 037 ****70.00

DOCUMENT # N00000005488

1. Entity Name

HERNANDO COUNTY SCHOOL READINESS COALITION, INC.



Principal Place of Business

**20162 CORTEZ BLVD
BROOKSVILLE FL 34601
US**

Mailing Address

**5196 HOPE LANE
SPRING HILL FL 34606
US**

2. Principal Place of Business

3. Mailing Address

20162 Cortez Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Brooksville, FL.

City & State

City & State

Zip

Country

Zip

Country

34601

USA

4. FEI Number **59-3681001**

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

**FREEDOM FOR LIFE INC
13171 SPRING HILL DR
SPRING HILL FL 34609**

Name

Jo-Ann Kay FULLER

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

20162 CORTEZ BLVD.

City

BROOKSVILLE

FL

Zip Code

34601

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

Jo-Ann Kay Fuller

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

(NOTE: Registered Agent signature required when reinstating)

1-31-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	BEDELL, DORIS J	
STREET ADDRESS	5196 HOPE LANE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROOKS, JOYCE	
STREET ADDRESS	5454 SANDRA DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EVERETT, JUDITH J	
STREET ADDRESS	900 EMERSON ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FOY, LINDA	
STREET ADDRESS	1601 NE 25TH AVENUE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED **DORIS J. BEDELL**

1/31/03

352-688-8141

CR2E037 (10/02)