

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90052 002 ****61.25

DOCUMENT # N00000007748

1. Entity Name
RIGHT TO READ, INC.

Principal Place of Business

31 BERMUDA LAKE DR
PALM BEACH GARDENS FL 33418

Mailing Address

31 BERMUDA LAKE DR
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1058416

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

COLLETTE, JOAN A
31 BERMUDA LAKE DR
PALM BEACH GARDENS FL 33418

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.

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 PD
NAME COLLETTE, JOAN A
STREET ADDRESS 31 BERMUDA LAKE DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE VD
NAME WARE, SHARON M
STREET ADDRESS 30 SYCAMORE RD
CITY-ST-ZIP W HARTFORD CT 06117 ☐ Delete

TITLE S
NAME NELSON SMITH, MICHELE
STREET ADDRESS 31 BERMUDA LAKE DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE DT
NAME SHANK, LISA B
STREET ADDRESS 4 DURNESS CT
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01 561-627-0383

CR2E037 (10/00)