

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000007861**

1. Entity Name

**OKEECHOBEE COUNTY SCHOOL READINESS COALITION, IN  
C.**

Principal Place of Business

Mailing Address

**3150 N.W. 10TH TERRACE  
OKEECHOBEE FL 34972****3150 N.W. 10TH TERRACE  
OKEECHOBEE FL 34972**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**6510977 APPLIED FOR 22**

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

**MANSON, ANN  
3150 N.W. 10TH TERRACE  
OKEECHOBEE FL 34972**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**CD  
MANSON, ANN  
3150 N.W. 10TH TERRACE  
OKEECHOBEE FL 34972**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**VCD  
SMITH, G SAMUEL  
2229 NW NINTH AVE  
OKEECHOBEE FL 34972**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**S  
HURLEY, MARY  
700 SW 2ND AVE  
OKEECHOBEE FL 34974**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**TD  
CARLTON, GAY  
604 S.W. 14TH STREET  
OKEECHOBEE FL 34974**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED  
Mar 20, 2002 8:00 am  
Secretary of State**

03-20-2002 90064 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)