

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

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90066 041 \*\*\*\*70.00

DOCUMENT # N00000007861



1. Entity Name  
**OKEECHOBEE COUNTY SCHOOL READINESS COALITION, IN C.**

Principal Place of Business

3150 N.W. 10TH TERRACE  
OKEECHOBEE FL 34972

Mailing Address

3150 N.W. 10TH TERRACE  
OKEECHOBEE FL 34972

2. Principal Place of Business

1728 NW 9 Ave  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
Okeechobee

City & State  
Okeechobee

4. FEI Number 65-1097722

Applied For  
Not Applicable

Zip Country  
34974 Okeechobee

Zip Country  
34974 Okeechobee

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Jodi Tucker  
Street Address (P.O. Box Number is Not Acceptable) 1728 NW 9 ST  
City Okeechobee FL Zip Code 34973

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 Jodi Tucker, Executive Director 3-24-03  
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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MANSON, ANN 3150 N.W. 10TH TERRACE OKEECHOBEE FL 34972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SMITH, G SAMUEL 2229 NW NINTH AVE OKEECHOBEE FL 34972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HURLEY, MARY 700 SW 2ND AVE OKEECHOBEE FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARLTON, GAY 604 S.W. 14TH STREET OKEECHOBEE FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO Sandy Perry 1646 Hwy 44 N Okeechobee, FL 34972	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

3-24-03 863-462-5292

CR2E037 (10/02)