

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90011 030 \*\*\*\*61.25

**DOCUMENT #** N00000008188

**1. Entity Name**

EDUCATIONAL COALITION FOR MONROE COUNTY, INC.

**Principal Place of Business**

**Mailing Address**

**2. Principal Place of Business**

P.O. Box 500460

**3. Mailing Address**

P.O. Box 500460

Suite, Apt. #, etc.

2000 Coco Plum Dr. #1101

Suite, Apt. #, etc.

**City & State**

Marathon, FL

**City & State**

Marathon, FL

**Zip**

33050

**Country**

USA

**Zip**

33050

**Country**

USA

**4. FEI Number**

65-0956049

**Applied For**

Not Applicable

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

DO NOT WRITE IN THIS SPACE

977660

**6. Name and Address of Current Registered Agent**

Mathewson, Duncan  
 21 Jewfish Avenue  
 Key Largo, FL 33037

**7. Name and Address of New Registered Agent**

**Name** Robert K. Miller

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

2975 Overseas Hwy

**City**

Marathon

**FL**

**Zip Code**

33050

**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**

7/16/01

**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** D ☐ Delete

**NAME** Belotti, Tina  
**STREET ADDRESS** 101 N. Anglers Drive  
**CITY-ST-ZIP** Marathon, FL 33050

**TITLE** S/D ☐ Delete

**NAME** Glover, Angela  
**STREET ADDRESS** 260 - 43rd Street  
**CITY-ST-ZIP** Marathon, FL 33050

**TITLE** T/D ☐ Delete

**NAME** Kirst, Dorothy  
**STREET ADDRESS** 2000 Coco Plum Drive #1101  
**CITY-ST-ZIP** Marathon, FL 33050

**TITLE** D ☐ Delete

**NAME** Mathewson, Duncan  
**STREET ADDRESS** 21 Jewfish Avenue  
**CITY-ST-ZIP** Key Largo, FL 33037

**TITLE** ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** P/D ☒ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VP/D ☒ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:** Dorothy Kirst

Dorothy Kirst

7/16/01

(305) 289-1447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)