

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000000 8554

04-05-2001 90102 034 \*\*\*\*61.25

1. Entity Name

Baker/Bradford School Readiness Coalition, Inc.

FILED

01 APR 19 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
C0042916

Principal Place of Business Mailing Address

2. Principal Place of Business

100 Bell Tel Way

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, FL

Zip

32216

Country

Duval

3. Mailing Address

10150 Belle Rive Blvd.

Suite, Apt. #, etc.

#2111

City & State

JACKSONVILLE, FL

Zip

32256

Country

Duval

4. FEI Number

59-3694288

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

Mr. Jack Baker, Jr.  
539 South 6th Street  
Macclenny, FL 32063

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 restate)

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 NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

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TITLE NAME ☒ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Baker, Jr., Chairperson 3/27/01 904-259-6332

Date

Daytime Phone #

CR2E037 (1/1/00)

4/9