

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N00000000 8555** ✓

1. Entity Name

**Clay/Nassau School Readiness Coalition, Inc.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**100 Bell Tel Way**

3. Mailing Address

**10150 Bell Rive Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 100**

**#2111**

City & State

City & State

**Jacksonville**

**Jacksonville**

Zip

Country

Zip

Country

**32216**

**Duval**

**32256**

**Duval**

6. Name and Address of Current Registered Agent

**Dr.-Susan Wilkinson  
100 Bell Tel Way, Suite 100  
Jacksonville, FL 32216**

4. FEI Number

**59-3694212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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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  
**Chairperson  
Dr. Susan Wilkinson  
100 Bell Tel Way  
Jacksonville, FL 32216**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Vice Chairperson  
Mary Bethea  
23 S. Green Street  
Green Cove Springs, FL 32043**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Treasurer  
Bruce Bickner  
1406 Kingsley Ave.  
Orange Park, FL 32073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Secretary  
Elizabeth Williams  
3189 Doctors Lake Drive  
Orange Park, FL 32073**

TITLE  
NAME  
STREET ADDRESS  
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Susan Wilkinson**

Date

**3/20/2001**

Daytime Phone #

**904-726-1500**

CR2E037 (11/00)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90102 033 \*\*\*\*61.25

**C0042917**

DO NOT WRITE IN THIS SPACE