

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000008555

FILED  
Jan 23, 2002 8:00 AM  
Secretary of State

Entity Name: CLAY/NASSAU SCHOOL READINESS COALITION, INC.

## Current Principal Place of Business:

100 BELL TEL WAY  
STE 100  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

10150 BELL RIVE BLVD  
#2111  
JACKSONVILLE, FL 32256

## New Mailing Address:

100 BELL TEL WAY  
STE 100  
JACKSONVILLE, FL 32216

FEI Number: 59-3694212

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILKINSON, SUSAN DR  
100 BELL TEL WAY STE 100  
JACKSONVILLE, FL 32216

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: WILKINSON, SUSAN DR  
Address: 100 BELL TEL WAY STE 100  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VC ( ) Delete  
Name: BETHEA, MARY  
Address: 23 SOUTH GREEN STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S ( ) Delete  
Name: WILLIAMS, ELIZABETH I  
Address: 3189 DOCTORS LAKE DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: T ( ) Delete  
Name: BICKNER, BRUCE  
Address: 1406 KINGSLEY AVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: JOHNSON, LEE  
Address: PO BOX 2417  
City-St-Zip: JACKSONVILLE, FL 322310063

Title: D ( ) Delete  
Name: OWENS, DAVID  
Address: 900 WALNUT STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WILLIAMS, ELIZABETH I  
Address: 3189 DOCTORS LAKE DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: S (X) Change ( ) Addition  
Name: LISLE, MICHAEL  
Address: P. O. BOX 15967  
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: D (X) Change ( ) Addition  
Name: NORTHEY, JIM  
Address: 1201 ATLANTIC AVENUE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. SUSAN WILKINSON

C

01/23/2002

Electronic Signature of Signing Officer or Director

Date