

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *W01000001415*

1. Entity Name

Leon School Readiness Coalition, Inc

FILED

02 FEB 26 PM 12:59

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

325 John Knox Rd.

Suite, Apt. #, etc.

Building F-140

City & State

Tallahassee, FL

Zip

32303

Country

U.S.

3. Mailing Address

325 John Knox Rd.

Suite, Apt. #, etc.

Building F-140

City & State

Tallahassee, FL

Zip

32303

Country

U.S.

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4. FEI Number

59-3743672

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Chris DUGGAN

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

325 John Knox Rd.

Building F-140

City

Tallahassee

FL

Zip Code

32303

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IN THIS SPACE**

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

Ch Duggan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/25/2002

FEE IS \$61.25

Initial or Amended UBR

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
Executive Director	Chris Duggan	325 John Knox Rd. Building F-140	Tallahassee, FL 32303
Chair - Director	Kimber Orr	116 S Monroe St. Suite 200	Tallahassee, FL 32301
Vice-Chair - Director	Linda Alexionak	111 S. Monroe St.	Tallahassee, FL 32301
At-Large Executive Committee Member	Amela Davis	1170 Capital Circle NE	Tallahassee, FL 32301
At-Large Executive Committee Member	Martha Fletcher	500 N. Appleyard Dr. Building 1	Tallahassee, FL 32304
Secretary	Vacant		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ch Duggan

02/25/2002 (850) 414-6085

CR2E037B (12/01)