FILED
Jun 23, 2002 8:00 am
Secretary of State
03-25-2002 90095 048 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004619

1. Entity Name

LITERACY + EDUCATIONAL ABILITY RESOURCES NETWORK , INC.

Principal Place of Business	Mailing Address
1611 N. FT. HARRISON AVE. CLEAR WATER FL 33755	1611 N. FT. HARRISON AVE. CLEAR WATER FL 33755

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3724062 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DRAZNIN, KATE
1611 N. FT. HARRISON AVE.
CLEAR WATER FL 33755

7. Name and Address of New Registered Agent

Name HOLLY HAGGERTY

Street Address (P.O. Box Number is Not Acceptable) 1611 N. FT. HARRISON AVE

City CLEARWATER FL Zip Code 33755

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 Holly Haggerty June 11, 2002
(Print, type 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAGGERTY, HOLLY 1703 HARBOR DR. CLEARWATER FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WITTER, DEBBIE P. O. BOX 210 DUNEDIN FL 34697-0210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Louise Cournoyer 1476 Cleveland St. Clearwater FL 33755 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DRAZIN, KATE 1578 LINWOOD DR. CLEARWATER FL 33755	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Cheryl A. Alderman 2702 Whitney Rd. Clearwater FL 33760 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Holly Haggerty June 11, 2002
SIGNATURE And TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #