

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000002667

1. Entity Name  
**LITERACY INCREASE, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 25 AM 11:00

Principal Place of Business  
9167 MCDUGAL LANE  
TALLAHASSEE, FL 32312

Mailing Address  
9167 MCDUGAL LANE  
TALLAHASSEE, FL 32312

2. Principal Place of Business

3. Mailing Address

P.O. BOX 14774, TALLAHASSEE, FL 32317

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE, FL 32317

Zip

Country

Zip

Country

4. FEI Number

#01-0663530

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DOVE, JOYCE S  
203 NORTH FRANKLIN BLVD.  
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BOTHWELL, WILLIAM  
STREET ADDRESS 9167 MCDUGAL LANE  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Delete  
NAME MAY, DON  
STREET ADDRESS 1511 KILLEARN CENTER BLVD.  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete  
NAME BLACK, JOAN L  
STREET ADDRESS 379 OAKWOOD AVE.  
CITY-ST-ZIP STATE COLLEGE, PA 16803

TITLE D ☐ Delete  
NAME MERCIER, BRICE  
STREET ADDRESS 3434 NORTH MONROE  
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400018471324  
CITY-ST-ZIP 05/07/03--01124--026 \*\*70.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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

4/25/03

(850) 668-8377

CR2E037 (10/02)