

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-20-2003 90102 003 ****61.25

DOCUMENT # N02000003023

1. Entity Name

**DIXIE, GILCHRIST, LEVY COUNTY SCHOOL READINESS C
OALITION, INC.**



Principal Place of Business

**6451 NW 140TH ST.
CHIEFLAND FL 32644**

Mailing Address

**P.O. BOX 624
CHIEFLAND FL 32644**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

39-3732604

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

**PARTNERSHIP FOR WORKFORCE DEVELOPMENT, INC
140 SOUTH BEACH ST., STE. 202
DAYTONA BEACH FL 32114**

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

JACK W. HAMILTON

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

(NOTE: Registered Agent signature required when reinstating)

01/30/03
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 **CD** ☐ Delete
NAME **WILLIAMS, MARK**
STREET ADDRESS **DEPT. OF CHILD/FAMILIES, PO BOX 390 B-8**
CITY-ST-ZIP **GAINESVILLE FL 32602**

TITLE **VD** ☐ Delete
NAME **CHASTAIN, JOHN**
STREET ADDRESS **5619 NW 37TH CT.**
CITY-ST-ZIP **BELL FL 32619**

TITLE **TD** ☒ Delete
NAME **SKINNER, THOMAS**
STREET ADDRESS **CLM WORKFORCE DEV. BOARD, 2300 SE 17TH ST.**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **WARREN TONES**
STREET ADDRESS **DIVISION OF PUBLIC SAFETY, P.O. BOX 2073**
CITY-ST-ZIP **TRENTON, FL 32618**

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

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

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:

WILLIAMS, MARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

Date

352-955-5484

Daytime Phone #

CR2E037 (10/02)