

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90129 027 \*\*\*\*70.00

**DOCUMENT # N14681**

1. Entity Name

**COLUMBIA LITERACY COUNCIL, INC.**

Principal Place of Business

Mailing Address

490 N COLUMBIA ST  
 LAKE CITY FL 32055

490 N COLUMBIA ST  
 LAKE CITY FL 32055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2865037**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTS, TINA**  
**490 N COLUMBIA ST**  
**LAKE CITY, FL 32055**

Name **Tyran Wright**

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

**RR 12 Box 205C**

City **Lake City,**

**FL**

Zip Code **32025**

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

*Tyran Wright*

**3/14/02**

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  Delete  
 NAME **MILLIKIN, MICHAEL**  
 STREET ADDRESS **523 W ST JOHNS STREET**  
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **ROBERTS, TINA**  
 STREET ADDRESS **523 W ST JOHNS STREET**  
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **PD**  Change  Addition  
 NAME **Tyran Wright**  
 STREET ADDRESS **RR 12 Box 205C**  
 CITY-ST-ZIP **Lake City, FL 32025**

TITLE **TD**  Delete  
 NAME **CHARLOTTE, JAMES**  
 STREET ADDRESS **1081 NORTH STREET**  
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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:

*Tyran Wright*

**REQUIRED**

**Tyran Wright**

**3/14/02**

**(386) 758-4919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)