

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

DOCUMENT # *N24562*

1. Entity Name

LITERACY Council of Upper Pinellas, Inc



FILED

05 OCT 24 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

223 DOUGLAS AVE

Suite, Apt. #, etc.

DUNEDIN, FL.

City & State

34698 U.S.

Zip

Country

3. Mailing Address

223 DOUGLAS AVE

Suite, Apt. #, etc.

DUNEDIN, FL.

City & State

34698 U.S.

Zip

Country

2005 AMENDED A.R.

4. FEI Number

59-2864557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *NORMA MAIORANA*

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

2813 PADDOCK DRIVE, 242

City

PALM HARBOR,

FL

Zip Code

34698

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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<i>P.D.</i>
NAME	<i>VICKI VINOUR</i>
STREET ADDRESS	<i>2087 HUNTERS GLEN, APT. 101</i>
CITY-ST-ZIP	<i>DUNEDIN, FL. 34698</i>
TITLE	<i>VP D.</i>
NAME	<i>MARIAN LIGON</i>
STREET ADDRESS	<i>11140-104TH AVE</i>
CITY-ST-ZIP	<i>LARGO, FL. 33778</i>
TITLE	<i>S.D.</i>
NAME	<i>GLORIA DONOVAN</i>
STREET ADDRESS	<i>434 VILLAGE DRIVE</i>
CITY-ST-ZIP	<i>TARPON SPRINGS, FL. 34684</i>
TITLE	<i>T.D.</i>
NAME	<i>NORMA MAIORANA</i>
STREET ADDRESS	<i>2813 PADDOCK DR. 242</i>
CITY-ST-ZIP	<i>PALM HARBOR, FL. 34684</i>
TITLE	
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**DO NOT WRITE
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:

Vicki Vinour

Vicki Vinour

10/15/05

727-298-3080 x242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)