

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29338

1. Entity Name

LITERACY VOLUNTEERS OF LEON COUNTY, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90087 038 \*\*\*\*61.25

Principal Place of Business  
C/O ELLEN LAURICELLA  
200 WEST PARK AVE  
TALLAHASSEE FL 32301-4720  
US

Mailing Address  
C/O ELLEN LAURICELLA  
200 WEST PARK AVE  
TALLAHASSEE FL 32301-7716  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2937641**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TENBUS, KRISTY  
1292 TIMBERLANE ROAD  
TALLAHASSEE FL 32312

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.

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RHEA, JIM	
STREET ADDRESS	317 DE SOTO STREET, APT. #1	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	PELTIER, MARY JO	
STREET ADDRESS	2016 CHULI NENE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNEY, ALVIN	
STREET ADDRESS	P.O. BOX 11265 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUSKO, ART	
STREET ADDRESS	1303 LEE WOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMITH, SUZANNE	
STREET ADDRESS	1914 SHARON RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, TRINY	
STREET ADDRESS	4835 HEATH DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	D.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julianna Chester	
STREET ADDRESS	908 Lasswade Dr.	
CITY-ST-ZIP	Tall. FL. 32312	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathie Emrich	
STREET ADDRESS	6912 Hanging Vine Way	
CITY-ST-ZIP	Tall. FL. 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: K SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/2000 850-487-4444

Date Daytime Phone #

CR2E037 (9/99)