

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33576

1. Entity Name

LITERACY VOLUNTEERS OF AMERICA, LEE COUNTY, FLOR

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90038 014 \*\*\*\*61.25

Principal Place of Business

12734 KENWOOD LN. STE. 96  
FORT MYERS FL 33907

Mailing Address

12734 KENWOOD LN. STE. 96  
FORT MYERS FL 33907-5638

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0106803

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

SMITH, LYLE D  
12734 KENWOOD LANE  
SUITE 896  
FT MYERS FL 33907

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	D	<input type="checkbox"/> Delete
NAME	FOSTER, GAIL	
STREET ADDRESS	5541 MONTILLA DR.	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JULIUS O JR	
STREET ADDRESS	8133 BRETON CIR.	
CITY-ST-ZIP	FT.MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANLON, CONSTANCE A	
STREET ADDRESS	11811 ISLE OF PALMS DR.	
CITY-ST-ZIP	FT.MYERS BEACH FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRASER, TRACI	
STREET ADDRESS	836 CAMELIA DR. NW	
CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAINES, SHARON	
STREET ADDRESS	1469 ORVINGTON CIRCLE W.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	LADY, MARY ANN	
STREET ADDRESS	WHITE CAP CIRCLE	
CITY-ST-ZIP	N. FORT MYERS FL 33903	

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hanlon Constance A	
STREET ADDRESS	11811 Isle of Palms Drive	
CITY-ST-ZIP	Fort Myers Beach FL 33931	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fraser Traci	
STREET ADDRESS	836 Camelia Dr. N.W.	
CITY-ST-ZIP	N FT Myers, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lady Mary Ann	
STREET ADDRESS	1862 White Cap Circle	
CITY-ST-ZIP	N. FT. Myers FL 33903	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

\* Daytime Phone #

CR2E037 (9/99)

#N33576

DOO 41499

2000 UNIFORM BUSINESS REPORT

Literacy Volunteers of America, Lee County Florida, Inc.  
12734 Kenwood Lane Suite 96  
Fort Myers FL 33907

Additional Directors

Title	D
Name	Sherman, Steve
Street Address	5231-4 Cedar Bend Drive
City/St/Zip	Fort Myers FL 33919

Title	VD
Name	Tyrer, John L
Street Address	1353 Kingswood Court
City/St/Zip	Fort Myers FL 33919

Title	D
Name	Mayoral, Fernando
Street Address	1829 SE 41 Street 1-G
City/St/Zip	Cape Coral FL 33904

Title	D
Name	Runde, Roxanne
Street Address	13326 Fourth Street
City/St/Zip	Fort Myers FL 33905