

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90073 033 ****61.25

DOCUMENT # N35226

1. Entity Name

THE PALM BEACH COUNTY LITERACY COALITION, INC.

Principal Place of Business

Mailing Address

551 SE 8TH STREET
 SUITE 101
 DELRAY BEACH FL 33483
 US

551 SE 8TH STREET
 SUITE 101
 DELRAY BEACH FL 33483-5183
 US

00907268



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0169781

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOSTRUB, DARLENE
551 SE 8TH STREET
SUITE 101
DELRAY BEACH FL 33483

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 Delete
 NAME **D**
SPILLIAS, KEN
 STREET ADDRESS **LEWIS, LONGMAN & WALKER 1700 PBL BLVD 1000**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
PICKARD, DANA
 STREET ADDRESS **250 ROYAL PALM WAY**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP**
BURGER, MARK
 STREET ADDRESS **470 COLUMBIA DR., STE. D-201**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
BROOKSHIRE, JONATHAN
 STREET ADDRESS **NORTHERN TRUST-11780 U. S. HWY ONE**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition
 NAME **DP**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS**
MOORE, RALPH "TRIP"
 STREET ADDRESS **U. S. TRUST CO-132 ROYAL PALM WAY**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE Change Addition
 NAME **DT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVP**
CROWLEY, CHERYL
 STREET ADDRESS **11865 BANYAN ST.**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

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: _____

SIGNATURE OF RALPH MOORE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

Daytime Phone #

CR2E037 (9/99)