

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N48598**

1. Entity Name

LEHIGH ACRES LITERACY COUNCIL, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90106 009 ****61.25

Principal Place of Business

**9 BETH STACEY BLVD
STE 202
LEHIGH ACRES FL 33936
US**

Mailing Address

**9 BETH STACEY BLVD
STE 202
LEHIGH ACRES FL 33936-6043
US**

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

65-0217732

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

**ROOT, MARY G.
1109 WASHINGTON AVENUE
LEHIGH ACRES FL 33936**

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	ROOT, MARY G.	
STREET ADDRESS	1109 WASHINGTON AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASSEE, JOAN R	
STREET ADDRESS	2214 GARDENIA WAY	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEPIEN, LORAIN M.	
STREET ADDRESS	10 BETH STACEY	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BALAS, EILEEN S	
STREET ADDRESS	9 BETH STACEY BLVD	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COATES, JEANNE M	
STREET ADDRESS	133 BROOKSIDE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carnevale, Patricia A.	
STREET ADDRESS	213 Redcliff Ave.	
CITY-ST-ZIP	Lehigh Acres, FL. 33936	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara J. Brown	
STREET ADDRESS	4536 Varsity Dr.	
CITY-ST-ZIP	Lehigh Acres, FL. 33971	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Massee, Joan R.	
STREET ADDRESS	214 Danby Rd.	
CITY-ST-ZIP	Lehigh Acres, FL. 33936	
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:

MARY G. ROOT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

941-369-7747

Daytime Phone #

CR2E037 (9/99)