

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

0051842

DOCUMENT # N92000000495

1. Entity Name

BOCA RATON LITERACY ADVISORY COUNCIL, INC.

03-29-2001 90381 038 *****61.25

Principal Place of Business

Mailing Address

**200 N.W. BOCA RATON BLVD.
 BOCA RATON FL 33432**

**200 N.W. BOCA RATON BLVD.
 BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0357523

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

**SCHUTTLER, HOLLY D ESQ
 5355 TOWN CENTER RD
 SUITE 801 - THE PLAZA
 BOCA RATON FL 33486**

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 **P** ☒ Delete
 NAME **MATTHEWS, VICTORIA**
 STREET ADDRESS **2519 N. OCEAN BLVD., APT. 108**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **P** ☒ Change ☐ Addition
 NAME **Katrin Jacob**
 STREET ADDRESS **3151 Lecwood Terrace, L229**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **D** ☐ Delete
 NAME **CREMIN, SONYA**
 STREET ADDRESS **3140 ST. JAMES DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MILIO, GERRI**
 STREET ADDRESS **6900 GERALDA CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ELLIOTT, VICTOR**
 STREET ADDRESS **823 S.W. 2ND STREET**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SCHUTTLER, HOLLY D**
 STREET ADDRESS **5355 TOWN CENTER ROAD, STE. 801**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

561.368.7700

Daytime Phone #

CR2E037 (10/00)