

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90354 047 \*\*\*\*61.25

**DOCUMENT # N92000000495**

1. Entity Name

**BOCA RATON LITERACY ADVISORY COUNCIL, INC.**

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****00073104**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CREMIN, SONYA</b> <b>3140 ST. JAMES DRIVE</b> <b>BOCA RATON FL 33434</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILIO, GERRI</b> <b>6900 GERALDA CIRCLE</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELLIOTT, VICTOR</b> <b>823 S.W. 2ND STREET</b> <b>BOCA RATON FL 33486</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHUTTLER, HOLLY D</b> <b>5355 TOWN CENTER ROAD, STE. 801</b> <b>BOCA RATON FL 33486</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JACOB, KATRIN</b> <b>3151 LEEWOOD TERRACE, L229</b> <b>BOCA RATON FL 33431</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Grace Johnson</b> <b>Vice President</b> <b>1501 S.W. 6 Terrace</b> <b>Boca Raton, FL 33432</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kevin Holder</b> <b>Treasurer</b> <b>470 N.E. 33rd Street</b> <b>Boca Raton, FL 33431</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Victoria Mathews</b> <b>Director</b> <b>2519 N. Ocean Blvd. #108</b> <b>Boca Raton, FL 33431</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Alice Kavanough</b> <b>Director</b> <b>2519 N. Ocean Blvd. #415</b> <b>Boca Raton, FL 33431</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Joan-Marie Mueller</b> <b>Director</b> <b>6058 Glendale Drive</b> <b>Boca Raton, FL 33433</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lena Campano</b> <b>Director</b> <b>2871 N. Ocean Blvd. Diano 118</b> <b>Boca Raton, FL 33431</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/02 561-368-7700**

Date

Daytime Phone #

CR2E037 (9/01)