

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90201 013 ****61.25

DOCUMENT # N92000000495

1. Entity Name

BOCA RATON LITERACY ADVISORY COUNCIL, INC.



Principal Place of Business

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

Mailing Address

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

70042088



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, GRACE	
STREET ADDRESS	1501 SW 6 TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILIO, GERRI	
STREET ADDRESS	6900 GERALDA CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOLDER, KEVIN	
STREET ADDRESS	470 NE 33RD STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUTTLER, HOLLY D	
STREET ADDRESS	5355 TOWN CENTER ROAD, STE. 801	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JACOB, KATRIN	
STREET ADDRESS	3151 LEEWOOD TERRACE, L229	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATHEWS, VICTORIA	
STREET ADDRESS	2519 N OCEAN BLVD #108	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Grace	
STREET ADDRESS	1501 SW 6th Terrace	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boden, Sophie	
STREET ADDRESS	5302 Buckhead Circle	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holler, Kevin	
STREET ADDRESS	470 NE 33rd Street	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leavesley, Susan	
STREET ADDRESS	840 Butternut Terrace	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schuttler, Holly Davidson	
STREET ADDRESS	5355 Town Center Rd., Suite 801	
CITY-ST-ZIP	Boca Raton, FL 33486	
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: SIGNATURE REQUIRED

4/9/03

561-368-7700

CR2E037 (10/02)