## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9700006297

1. Entity Name

## THE MANATEE COUNTY LOCAL SCHOOL READINESS COALIT

C/O MANATEE OPPORTUNITY COUNCIL 369 SIXTH AVENUE WEST **BRADENTON FL 34205** 

Principal Place of Business

Mailing Address

C/O MANATEE OPPORTUNITY COUNCIL 369 SIXTH AVENUE WEST **BRADENTON FL 34205** 

2. Principal Place of Business	3. Mailing Address	
•		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

## FILED Feb 19, 2001 8:00 am Secretary of State 02-19-2001 90048 035 \*\*\*\*70.00

UUU18266



2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address											
Suite, Apt. #, etc. Suite, A			Suite, Apt. #, etc.	ite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE									
City & State City & State			City & State		·		4. FEI Number 05 0044040					A	Applied For		
						65-0811318					N	ot Applicable	)		
Zip	~	Country Zip			Country							8.75 Additional see Required			
			* 7.=	Name an	d Addres	e of Ne	w Regis	stered	Agent		<u>-</u>				
					Name										
JUDGE, VIRGINIA % MANATEE OPPORTUNITY COUNCIL 369 SIXTH AVENUE WEST				Street Address (P.O. Box Number is Not Acceptable)										1	
						,	·								4
	ON FL 342				City							FL	Zip Coc	de	7
				<del></del>							. <del> </del>		<u> </u>		-
8. The above	named entity	y submits this statement f	or the purpose of changing i	ts register	ed office or	register	red a	gent, or be	oth, in the	state o	t Florida	١.			
															Ì
CICNATURE															]
SIGNATURE .		or printed name of registered agen	t and title if applicable. (NC	OTE: Registere	d Agent signati	ure required	when	reinstating)				DATE			Ì
			1					<u> </u>	1						┨
	FILE	NOW-	9. Election Campaig	gn Financi	ng	\$5.0	Ю м	av Re		М	ake C	heck	Payable to	)	
		\$61.25	Trust Fund Contr	-		Added							t of State		1
		<b>40.1.2.</b>													
10.		OFFICERS AND D	IRECTORS	11.		/	ADDI	TIONS/C	HANGES	TO OFF	ICERS /	AND D	IRECTORS IN		ء 🗕
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NAME	HUNT, CA			NAM	ET ADDRESS										ı
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		ON FL 34205											Change	Addition	1
TITLE	TD	RELLA, GERALDINE	☐ Delete	TITL									□ Change		1
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CITY-ST-ZIP		ON FL 34208			-ST-ZIP										
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NAME	1	MARY HELEN	D DC/GIU	NAM											
STREET ADDRESS		H STREET BLDG J2		STRE	ET ADDRESS										
CITY-ST-ZIP		TA FL 34234		CITY	-ST-ZIP										
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12. I hereby o	certify that the	e information supplied wit	h this filing does not qualify i	for the exe	mption stat	ted in Se	ection	119.07(3	)(i), Florid	a Statul	es. I fur	mer ce	ruly that the i	iniormation	1

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:** 

COUNTY LOCAL SCHOOL READINESS COALITION **Board of Directors** 

1/24/01

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