2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N98000002181 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA READING ASSOCIATION, INC. 08-08-2000 90005 043 ****61.25 Principal Place of Business Mailing Address PO BOX 730787 PO BOX 730787 ORMOND BEACH FL 32173-0787 ORMOND BEACH FL 32173-0787 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 23-7015912 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HESTER, C. SCOTT ESQ 13843 LONGS LANDING ROAD EAST JACKSONVILLE FL 32225 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Defete ☐ Change Addition TITLE TITLE GRIFFITH, PRISCILLA L NAME NAME STREET ADDRESS STREET ADDRESS 8503 ANGLER'S PT DR Harlow CITY-ST-ZIP CITY-ST-ZIE Tampa FL 33637 PD Delete TITLE ce President - elect Change NAME MAUTTE, LOIS NAME Reese STREET ADDRESS STREET ADDRESS 6790 32ND AVE NORTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33710 TITLE ٧D ☐ Delete TITLE Change ☐ Addition NAME Janz. Margaret NAME STREET ADDRESS 1161 PEACHTREE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE JACKSONVILLE FL 32207 VP ☐ Delete TITLE Addition TITLE NAME ROSENBLATT, (ADREA NAME STREET ADDRESS STREET ADDRESS 9286 SW 77TH ST CITY-ST-ZIP CITY-ST-ZIP Miami FL 3317/2 Miamu TITLE Director ☐ Addition TITLE ☐ Delete SUPRAN, ELLEN NAME Ellen Supran NAME STREET ADDRES 33, chorale Rd. STREET ADDRESS 10810 SW 72ND ST NO. 164 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 TD TITLE **X** Delete eas urer TITLE PATTON, SUE NAME NAME STREET ADDRESS STREET ADDRESS 10013 LEISURE LANE NORTH CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32256 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.

Andrea Rosenblatt 8/1/00 305-595-6299