

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90093 025 ****61.25

DOCUMENT # N98000002181

1. Entity Name

FLORIDA READING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 730787

ORMOND BEACH FL 32173-0787

PO BOX 730787

ORMOND BEACH FL 32173-0787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7015912

Applied For

Not Applicable

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

HESTER, C. SCOTT ESQ
13843 LONGS LANDING ROAD EAST
JACKSONVILLE FL 32225

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 ☒ PD
NAME **MATOUSH, MARYLOU**
STREET ADDRESS **2014 S.E. HARLOW ST.**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☒ Change ☐ Addition
NAME **as noted**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD REESE, DIANE**
STREET ADDRESS **4111 CENTRAL AVE.**
CITY-ST-ZIP **TAMPA FL 33603**

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

TITLE ☒ Delete
NAME **PD JANZ, MARGARET**
STREET ADDRESS **1161 PEACHTREE ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Change ☒ Addition
NAME **VD Shapp, Marilyn**
STREET ADDRESS **2518 Blarney Dr.**
CITY-ST-ZIP **Tallahassee, FL 32309-3133**

TITLE ☐ Delete
NAME **PD ROSENBLATT, ANDREA**
STREET ADDRESS **9386 SW 77th St.**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☒ Addition
NAME **Past President/Director**
STREET ADDRESS
CITY-ST-ZIP **as noted**

TITLE ☐ Delete
NAME **D SUPRAN, ELLEN**
STREET ADDRESS **7433 CHORALE RD.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

TITLE ☒ Delete
NAME **TD LASZLO, NANCY**
STREET ADDRESS **116 CYPRESS LANDING**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Change ☒ Addition
NAME **TD Warner, Sylvia**
STREET ADDRESS **2410 Willamette Rd.**
CITY-ST-ZIP **Tallahassee, FL 32303**

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: **Marylou Matoush**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 800-201-0418, #7319
 Date Daytime Phone #

CR2E037 (9/01)