

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

04-24-2003 90159 004 ****61.25

DOCUMENT # N98000005920

1. Entity Name
LITERACY TRUST, INC.

Principal Place of Business
**106 NW 33RD COURT
GAINESVILLE FL 32607**

Mailing Address
**3324 W UNIV AVE
#116
GAINESVILLE FL 32607**

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 **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOOVER, NORA
750 SOUTH WEST 91ST STREET
GAINESVILLE FL 32607**

NEW ADDRESS →

7. Name and Address of New Registered Agent

Name **NORA L. HOOVER**
Street Address (P.O. Box Number is Not Acceptable)
**10136 800 52ND ROAD
GAINESVILLE, FL.**
City **FL** Zip Code **32608**

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

Nora L. Hoover

4/22/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

TITLE **D** ☐ Delete
NAME **HOOVER, NORA**
STREET ADDRESS **750 SOUTH WEST 91ST STREET**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **D** ☐ Delete
NAME **SILVERMAN, BENEDICT**
STREET ADDRESS **51 SHERMAN HILL RD. BLDG A #A1040 PO DR. C**
CITY-ST-ZIP **WOODBURY CT 06798**

TITLE **T** ☒ Delete
NAME **PURICH, DANIEL L**
STREET ADDRESS **750 SW 91 STREET**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **T** ☐ Delete
NAME **VINCE LATERZA**
STREET ADDRESS **586 DURAND DR.**
CITY-ST-ZIP **ATLANTA, GA 30305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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:

Nora L. Hoover **4/22/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)