

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000055857**

1. Entity Name

DIXIE - GILCHRIST - LEVY SCHOOL READINESS COALIT**FILED****01 SEP 28 PM 12:53****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**HWY 19 AND MAIN ST.
INSTRUCTIONAL SERVICES BLDG.
CROSS CITY FL 32628**

Mailing Address

**HWY 19 AND MAIN ST.
INSTRUCTIONAL SERVICES BLDG.
CROSS CITY FL 32628**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 357776

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville FL

Zip

Country

Zip

Country

32635 USA

4. FEI Number

59-3732604

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75* Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANDER, LINDSEY
109 BARBER AVE.
CROSS CITY FL 32628**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	Doug McKay	Chair	PO Box 1583	<input checked="" type="checkbox"/>
			Bronson FL 32621	
	John Chastain	Vice-Chair	5619 NW 37th Ct	<input checked="" type="checkbox"/>
			Bell Florida 32619	
	Irene Wainwright	Tr/S	PO Box 390 B-29	<input checked="" type="checkbox"/>
			Gainesville FL 32602	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	MARK Williams	Chair	PO Box 390 B-8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Gainesville FL 32602		
	John Chastain	Vice-Chair	5619 NW 37th Ct	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Bell Florida 32619		
	Tom Skinner	Tr/S	2300 S.E. 17th St Suite 1000	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Ocala Florida 34471		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with full power-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/01 (352) 955-5494

Daytime Phone #

CR2E034 (5/01)