

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90159 039 \*\*\*150.00

DOCUMENT # P00000055857

1. Entity Name

DIXIE - GILCHRIST - LEVY SCHOOL READINESS COALITION INC.

Principal Place of Business

Mailing Address

1000 MAIN ST.

INSTRUCTIONAL SERVICES SLOW

1000 MAIN ST. FL 32602

2. Principal Place of Business

6451 NW 140<sup>th</sup> ST

3. Mailing Address

PO BOX 2692

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Chieftland FL

City &amp; State

Chieftland FL

4. FEI Number

59-3732604

Applied For

Not Applicable

Zip

32626

Country

Zip

32644

Country

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	C	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARK	
STREET ADDRESS	P.O. BOX 380	
CITY-ST-ZIP	GAINESVILLE FL 32602	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CHASTAIN, JOHN	
STREET ADDRESS	5619 N.W. 37TH COURT	
CITY-ST-ZIP	BELL FL 32619	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SKINNER, TOM	
STREET ADDRESS	2300 S.W. 17TH STREET, STE. 1000	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:

SIGNATURE

MARK WILLIAMS

3/14/02

(352)955-5474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)