

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90022 043 \*\*\*\*61.25

**DOCUMENT # 704069**

1. Entity Name

**PINELLAS CLASSROOM TEACHERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

650 SEMINOLE BLVD  
 LARGO FL 34640-0625

650 SEMINOLE BLVD  
 LARGO FL 33770-3625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0974339**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

Zip  
**33770**

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, JADE T**  
**94 BAYWOOD AVENUE**  
**CLEARWATER FL 34625**

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	P	<input checked="" type="checkbox"/> Delete
NAME	BACON, LINDA	
STREET ADDRESS	1722 SOLAR DR	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCMAHON, ROB	
STREET ADDRESS	117 COUNTRY VILLAS DR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, GLORIA	
STREET ADDRESS	2107-CANTERBURY-LANE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROYER, SALLIE	
STREET ADDRESS	4724 WYOMING AVE	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEETOR, BARBARA	
STREET ADDRESS	8190 57TH ST NO	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACK, KIM	
STREET ADDRESS	990 7TH AVENUE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33734	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMahon, Rob	
STREET ADDRESS	117 Country Villas Dr.	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennard, Michelle	
STREET ADDRESS	3616 Carmen Street	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paser, Wendy	
STREET ADDRESS	3013 Sarah Drive	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Askins, Terry	
STREET ADDRESS	15912 Northlake Village Dr.	
CITY-ST-ZIP	Odessa, FL 33556	

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:

*Robert A. McMahon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25, 2000 727-585-6518

Date

Daytime Phone #