

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90009 015 ****61.25

DOCUMENT # 721401

1. Entity Name

PINELLAS COUNTY COUNCIL OF PARENT-TEACHER ASSOCIATIONS, INC.

Principal Place of Business

301 4TH ST. S.W.
LARGO FL 34640
US

Mailing Address

2409 COUNTRY TRAILS DR
SAFETY HARBOR FL 34695
US

2. Principal Place of Business

3. Mailing Address

3429 Aspen Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater

Zip

Country

Zip

33761

Country

Pinellas

4. FEI Number

23-7102478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EHRENZELLER, CINDY
2409 COUNTRY TRAILS DR.
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

Woodard, Deborah

Street Address (P.O. Box Number is Not Acceptable)

3429 Aspen Trail

City

Clearwater

FL

Zip Code

33761

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

Deborah V Woodard Deborah V Woodard

1-19-02

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	WOODARD, DEBORAH	
STREET ADDRESS	3429 ASPEN TRAIL	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, KAREN	
STREET ADDRESS	2409 COUNTRY TRAILS DR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITE, MARY	
STREET ADDRESS	1560 CHATEAU WOOD DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OUSLEY, DEBORAH	
STREET ADDRESS	10585 MYRTLE OAK LANE	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GAZZARO, RITA	
STREET ADDRESS	11470 72ND TERRACE NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Conaway, Carol	
STREET ADDRESS	9778 106th Ave. N.	
CITY-ST-ZIP	Seminole, FL 33773	
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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	De Santis, Kathy	
STREET ADDRESS	11814 108th Ave. N.	
CITY-ST-ZIP	Seminole, FL 33778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: LARRY DE SANTIS RECK Kathy De Santis

1/16/02

727-397-0701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)