

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732899

1. Entity Name

MASCOTTE ELEMENTARY PARENT-TEACHER ORGANIZATION.

Principal Place of Business

Mailing Address

513 ALBROOK STREET  
MASCOTTE FL 34753

513 ALBROOK STREET  
MASCOTTE FL 34753-9412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0000922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEMP, JENNIFER  
3940 AG RD  
GROVELAND FL 34736

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 PD ☒ Delete  
NAME WITHERILL SHERRY Y  
STREET ADDRESS 13940 HATHAM RD  
CITY-ST-ZIP GROVELAND FL 34736

TITLE VP ☐ Change ☒ Addition  
NAME Robin Moss  
STREET ADDRESS 1333 Key Court  
CITY-ST-ZIP Groveland FL 34736

TITLE VP ☒ Delete  
NAME VANESSA HOVATER  
STREET ADDRESS 608 PARK RD  
CITY-ST-ZIP MASCOTTE FL 34753

TITLE TD ☐ Change ☒ Addition  
NAME Barbara Daulton  
STREET ADDRESS P.O. Box 36 - 1440 St. Rd. 50  
CITY-ST-ZIP Groveland FL 34736

TITLE TD ☒ Delete  
NAME STREWBIDGE MARIA  
STREET ADDRESS 4235 UNDERPASS RD  
CITY-ST-ZIP MASCOTTE FL 34753

TITLE SD ☐ Change ☒ Addition  
NAME Jane Desrosiers  
STREET ADDRESS 1832 7 Delis Cove  
CITY-ST-ZIP Groveland FL 34736

TITLE D ☒ Delete  
NAME CRAWFORD, KATRINA  
STREET ADDRESS 13831 MASCOTTE EMPIRE RD.  
CITY-ST-ZIP GROVELAND FL 34736

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

TITLE PD ☐ Delete  
NAME KEMP, JENNIFER  
STREET ADDRESS 3940 AG RD  
CITY-ST-ZIP GROVELAND FL 34736

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

TITLE D ☒ Delete  
NAME ANDERSON, SHANNON  
STREET ADDRESS 60 BAY LANE  
CITY-ST-ZIP MASCOTTE FL 34753

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)(l), 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:

SIGNATURE REQUIRED  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

352-429-3657

CR2E037 (9/99)