

2000 UNIFORM BUSINESS REPORT (UBR)

57

FILED
Jul 06, 2000 8:00 am
Secretary of State

05-24-2000 90172 049 ****61.25

DOCUMENT # 765563

1. Entity Name

OCEAN BREEZE ELEMENTARY SCHOOL PARENT TEACHERS O

R

Principal Place of Business

Mailing Address

% 1101 CHEYENNE DR
 INDIAN HARBOUR BCH FL 32937

% 1101 CHEYENNE DR
 INDIAN HARBOUR BCH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2311658

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RINEHART, LYN
 1101 CHEYENNE DR.
 INDIAN HARBOR BCH FL 32937

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	T	<input checked="" type="checkbox"/> Delete
NAME	BIALOBRZESKI, JULIE	
STREET ADDRESS	60 NAVAHO CIRCLE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HIERBAUM, JUDY	
STREET ADDRESS	35 TROPICAL ISLAND LN	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VANDERSCOFF, SANDY	
STREET ADDRESS	640 VERBENIA DR	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RESTREPO, TONI	
STREET ADDRESS	1217 PINETREE DR	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	RINEHART, LYN	
STREET ADDRESS	1101 CHEYENNE DR.	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tina Hubner	
STREET ADDRESS	1101 Cheyenne Dr.	
CITY-ST-ZIP	Indian Harbour Bch, FL 32937	
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Jansen	
STREET ADDRESS	117 Perry St	
CITY-ST-ZIP	Indian Harbour Bch, FL 32937	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Mazzocchi	
STREET ADDRESS	1101 Cheyenne Dr	
CITY-ST-ZIP	Indian Harbour Bch, FL 32937	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Bishop S	
STREET ADDRESS	1101 Cheyenne Dr	
CITY-ST-ZIP	Indian Harbour Bch FL	
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: Barbara Jansen DATE: 5/1/00 PHONE: 321-773-9599

CR2E037 (9/99)