

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90130 031 ****61.25

DOCUMENT # 765563

1. Entity Name

OCEAN BREEZE ELEMENTARY SCHOOL PARENT TEACHERS O

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

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 type="checkbox"/> Delete
NAME	HIBNER, GINA	
STREET ADDRESS	1101 CHEYENNE DR	
CITY-ST-ZIP	INDIAN HARBOUR FL 32937	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JANSSEN, BARBARA	
STREET ADDRESS	117 PERRY ST	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAZZOCCHI, MARIA	
STREET ADDRESS	1101 CHEYENNE DR	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937	
TITLE	S	<input type="checkbox"/> Delete
NAME	BISHOP, CINDY	
STREET ADDRESS	1101 CHEYENNE DR	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	
TITLE	CD	<input 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 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 J. Janssen* **Barbara J. Janssen** *1/3/01* **321-773-9599**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)