

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91508 004 ****61.25

DOCUMENT # 765563

1. Entity Name

OCEAN BREEZE ELEMENTARY SCHOOL PARENT TEACHERS ORGANIZATION, INC.

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 Delete
 NAME **HIBNER, GINA**
 STREET ADDRESS **1101 CHEYENNE DR**
 CITY-ST-ZIP **INDIAN HARBOUR FL 32937**

TITLE Change Addition
 NAME **Chara Newport**
 STREET ADDRESS **216 Timposhee Dr**
 CITY-ST-ZIP **Indian Harbour Beach, FL 32937**

TITLE Delete
 NAME **PD JANSSEN, BARBARA**
 STREET ADDRESS **117 PERRY ST**
 CITY-ST-ZIP **INDIAN HARBOUR BCH FL 32937**

TITLE Change Addition
 NAME **President Chris Michocles**
 STREET ADDRESS **1101 Cheyenne Dr**
 CITY-ST-ZIP **Indian Harbour Beach, FL 32937**

TITLE Delete
 NAME **VD MAZZOCCHI, MARIA**
 STREET ADDRESS **1101 CHEYENNE DR**
 CITY-ST-ZIP **INDIAN HARBOUR BCH FL 32937**

TITLE Change Addition

TITLE Delete
 NAME **S BISHOP, CINDY**
 STREET ADDRESS **1101 CHEYENNE DR**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL**

TITLE Change Addition

TITLE Delete
 NAME **CD RINEHART, LYN**
 STREET ADDRESS **1101 CHEYENNE DR.**
 CITY-ST-ZIP **INDIAN HARBOUR BCH FL 32937**

TITLE Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02
 Date

Daytime Phone #

CR2E037 (9/01)