

2000 UNIFORM BUSINESS REPORT (UBR)

8

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-15-2000 90011 042 ****61.25

DOCUMENT # 769447

1. Entity Name
SEA PARK ELEMENTARY SCHOOL PARENTS COMMITTEE, IN

Principal Place of Business Mailing Address
300 SEA PARK BLVD. **300 SEA PARK BLVD.**
SATELLITE BEACH FL 32937 **SATELLITE BEACH FL 32937**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2109661 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
DR JOSEPH F O'BRIEN
140 SATELLITE AVE
SATELLITE BCH FL 32937

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, JAYNA 112 HEDGE GROVE AVE SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lorraine Witaszek 835 Loggerhead Island Way Satellite Beach, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EDWARDS, VICKI 300 SEAPARK BLVD SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mindy Thompson 1418 Gleneagles Way Rockledge, FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARMON, TERRI 60-A WASHINGTON ST SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ana-Denny 418 Finch Drive Satellite Beach, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Assistant Treas. <input type="checkbox"/> Delete DAVIS, RHONDA 340 PELRAN DR SATELLITE BCH FL 32937 D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lorraine Witaszek **Lorraine Witaszek** 08-09-00 321-773-6322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)