

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90108 034 \*\*\*\*61.25

**DOCUMENT # 769447**

1. Entity Name

**SEA PARK ELEMENTARY SCHOOL PARENTS COMMITTEE, INC.**

Principal Place of Business

Mailing Address

**300 SEA PARK BLVD.  
 SATELLITE BEACH FL 32937**

**300 SEA PARK BLVD.  
 SATELLITE BEACH FL 32937**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2109661**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DR JOSEPH F O'BRIEN  
 140 SATELLITE AVE  
 SATELLITE BCH FL 32937**

Name

**PEGGY BAKER**

Street Address (P.O. Box Number is Not Acceptable)

**300 SEA PARK BLVD**

City

**SATELLITE BEACH**

FL

Zip Code

**32937**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Peggy Baker*

**PEGGY BAKER**

Signature, typed printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 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 PD  
 NAME WITASEK, LORRAINE  
 STREET ADDRESS 835 LOGGERHEAD ISLAND WAY  
 CITY-ST-ZIP SATELLITE BEACH FL 32937 ☒ Delete

TITLE PD  
 NAME ELIZABETH GOLDEN ☒ Change ☐ Addition  
 STREET ADDRESS 300 SEA PARK BLVD  
 CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE VPD  
 NAME THOMPSON, MINDY  
 STREET ADDRESS 1418 GLENEAGLES WAY  
 CITY-ST-ZIP ROCKLEDGE FL 32955 ☒ Delete

TITLE VPD  
 NAME MARY HANLON ☒ Change ☐ Addition  
 STREET ADDRESS 300 SEA PARK BLVD  
 CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE SD  
 NAME DENNY, ANA  
 STREET ADDRESS 418 FINCH DRIVE  
 CITY-ST-ZIP SATELLITE BEACH FL 32937 ☒ Delete

TITLE SD  
 NAME LYNDIA LARSON ☒ Change ☐ Addition  
 STREET ADDRESS 300 SEA PARK BLVD  
 CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE AD  
 NAME DAVIS, RHONDA  
 STREET ADDRESS 340 PELRAN DR  
 CITY-ST-ZIP SATELLITE BCH FL 32937 ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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: *Mary Hanlon* **MARY HANLON** 9-10-02 (321) 779-2050

CR2E037 (4/02)