

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90067 027 \*\*\*\*61.25

**DOCUMENT # N10338**

1. Entity Name

**IDA M. STEWART ELEMENTARY SCHOOL PARENT-TEACHER**

Principal Place of Business

Mailing Address

**7905 15TH AVENUE N.W.  
 BRADENTON FL 34209**

**7905 15TH AVENUE N.W.  
 BRADENTON FL 34209-9757**

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

**59-1309239**

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

**SEXTON, JACKIE L  
 7904 - 25TH AVE WEST  
 BRADENTON FL 34209**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HOGAN, MICHELLE</b>	
STREET ADDRESS	<b>1119 91 ST NW.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PAGIUN, LORI</b>	
STREET ADDRESS	<b>1302 83 ST NW.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEXTON, JACKIE</b>	
STREET ADDRESS	<b>7904 - 25TH AVE. WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>SR</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, ELLEN</b>	
STREET ADDRESS	<b>1004 82 ST NW.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PATTI SPICOCHI</b>	
STREET ADDRESS	<b>1003 78TH ST NW</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KEEGON-BOCK, PAULA</b>	
STREET ADDRESS	<b>1311 84 ST NW.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

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	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Deborah Hasty</b>	
STREET ADDRESS	<b>7811 15th Ave. NW</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34209</b>	
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: Deborah Hasty **RED**

**4/25/00**

**795-4380**