

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90005 029 ****61.25

DOCUMENT # N10338

1. Entity Name

IDA M. STEWART ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC.

Principal Place of Business

Mailing Address

7905 15TH AVENUE N.W.
 BRADENTON FL 34209

7905 15TH AVENUE N.W.
 BRADENTON FL 34209

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	PD	<input type="checkbox"/> Delete
NAME	KOSER, JOAN	
STREET ADDRESS	1304 RIVERVIEW CIR NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAGIUN, LORI	
STREET ADDRESS	1302 83 ST NW.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEXTON, JACKIE	
STREET ADDRESS	7904 - 25TH AVE. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SR	<input type="checkbox"/> Delete
NAME	ROTHFELD, JULIE	
STREET ADDRESS	2519 89TH ST NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHANNON, VICKI	
STREET ADDRESS	7907 17TH AV NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEEGON-BOCK, PAULA	
STREET ADDRESS	1311 84 ST NW.	
CITY-ST-ZIP	BRADENTON FL 34209	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vickie Celaya	
STREET ADDRESS	1115 91st St. N.W.	
CITY-ST-ZIP	Bradenton, Fl. 34209	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Dodson	
STREET ADDRESS	1304 64 St. N.W.	
CITY-ST-ZIP	Bradenton, Fl. 34209	
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	Lech Manson	
STREET ADDRESS	3727 2 Av. Cr. W.	
CITY-ST-ZIP	Bradenton Fl. 34209	

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: *Shannon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Feb 25-02*
 Daytime Phone #: *741-3176*

CR2E037 (9/01)