

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30838

1. Entity Name

GULFVIEW MIDDLE SCHOOL PTO, INC.

Principal Place of Business

Mailing Address

255 6TH STREET SOUTH
NAPLES FL 34102
US

255 6TH STREET SOUTH
NAPLES FL 34102
US

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

65-0096083

Applied For

Not Applicable

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

SIESKY, JAMES H.
1000 TAMiami TRAIL N.
NAPLES FL 33940

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRANN, MISSY	
STREET ADDRESS	1321 12TH ST NO	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPDT	<input checked="" type="checkbox"/> Delete
NAME	SCHUMACHER, GRETCHEN	
STREET ADDRESS	985 WEDGE DRIVE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ATKINSON, PAM	
STREET ADDRESS	555 ORCHID DR	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PORTNER, CATHY	
STREET ADDRESS	1083 CYPRESS WOODS DR.	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rhonda Tibbells	
STREET ADDRESS	2217 A Anchorage Ln.	
CITY-ST-ZIP	Naples FL 34104	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Kattenborn	
STREET ADDRESS	484 First Ave No	
CITY-ST-ZIP	Naples FL 34102	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Shrock	
STREET ADDRESS	644 Coral Dr	
CITY-ST-ZIP	Naples FL 34102	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 information.

SIGNATURE:

S. Schumacher P. Portner, Treasurer

Date

2/6/02 944-450 6635

Daytime Phone #

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-25-2002 90001 005 ****61.25

21164



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)