

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07181

1. Entity Name

ENGLEWOOD ELEMENTARY PARENT TEACHER ORGANIZATION

Principal Place of Business

Mailing Address

% ROBERT A DICKINSON
460 S INDIANA AVE
ENGLEWOOD FL 34223-3702
US

% ROBERT A DICKINSON
460 S INDIANA AVE
ENGLEWOOD FL 34223-3702
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

59-2344281

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

DICKINSON, ROBERT A
460 S INDIANA AVE
ENGLEWOOD FL 34223

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 ☐ Delete
NAME BREWER, VICKI
STREET ADDRESS 335 N. OXFORD DR.
CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE TD ☒ Delete
NAME DIGNAM, LAURA
STREET ADDRESS 2950 N. BEACH RD. B423
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☒ Change ☐ Addition
NAME TD
STREET ADDRESS Beth Harrison
CITY-ST-ZIP 386 Firehawk Ave.
Englewood, FL. 34223

TITLE S/D ☐ Delete
NAME WAGENSSIL, LYNN
STREET ADDRESS 195 WINSON AVENUE
CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Elizabeth M. Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth M. Harrison 2-16-00

Date

Daytime Phone #

941-486-4604



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)