

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04997

1. Entity Name

FLORIDA PARENT EDUCATORS ASSOCIATION, INC.

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90027 005 ****70.00

Principal Place of Business

PO BOX 50685
JACKSONVILLE BCH FL 32240
US

Mailing Address

PO BOX 50685
JACKSONVILLE BCH FL 32240
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2608204

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

KRYMBINE, MARCY
170 -12TH ST N.
NAPLES FL 34120

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 CD ☐ Delete
NAME KRUMBINE, MARCY
STREET ADDRESS 170 12TH STREET, N.E.
CITY-ST-ZIP NAPLES FL 33964

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

TITLE SD ☐ Delete
NAME PRENTICE, JAN
STREET ADDRESS 10335 NW 5TH AVE
CITY-ST-ZIP MIAMI FL 33150

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

TITLE VCD ☒ Delete
NAME AMICO, MARILYN
STREET ADDRESS 1511 53RD AVE
CITY-ST-ZIP VERO BEACH FL 32966

TITLE VCD ☒ Change ☒ Addition
NAME Robert Hemmel
STREET ADDRESS 417 Rhonda St
CITY-ST-ZIP Pensacola, FL 32534

TITLE TD ☐ Delete
NAME FREEMAN, BILL
STREET ADDRESS PO BOX 593
CITY-ST-ZIP WALDO FL 32894

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
NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-01

941-455-9584

CR2E037 (10/00)