

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-15-2002 90042 043 ****61.25

DOCUMENT # 717505

1. Entity Name

THE SEMINOLE ELEMENTARY PARENT-TEACHER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ASSOCIATION INC
 10950 74TH AVENUE NORTH
 SEMINOLE FL 34642

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 10950 74TH AVENUE NORTH
 SEMINOLE FL 34642

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

59-2315573

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KESS, RICHARD A
 10950-74TH AVE. N.
 SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name **Bill Hundt**

Street Address (P.O. Box Number is Not Acceptable)

10950 74th Ave N

City **Seminole**

FL

Zip Code **33772**

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 **William T. Hundt** Signing for Seminole Elementary School PTA
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **4/18/2002**

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	D	<input type="checkbox"/> Delete
NAME	CANGELOSI, BONNIE	
STREET ADDRESS	10950 74TH AVE NO	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KESS, RICHARD	
STREET ADDRESS	10950 74TH AVENUE N.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, JUNE	
STREET ADDRESS	19050 74TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTAU, SHERRA	
STREET ADDRESS	11511 PINE ST	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NARZINSKY, LARA	
STREET ADDRESS	10950 74TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Lara Narzinsky	
STREET ADDRESS		10950 74th Ave N	
CITY-ST-ZIP		Seminole FL 33772	
TITLE	T	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Mary Frances Lawrie	
STREET ADDRESS		10950 74th Ave N	
CITY-ST-ZIP		Seminole FL 33772	
TITLE	T	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Bill Hundt	
STREET ADDRESS		10950 74th Ave N	
CITY-ST-ZIP		Seminole FL 33772	
TITLE	D	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Tom Lewis	
STREET ADDRESS		10950 74th Ave N	
CITY-ST-ZIP		Seminole FL 33772	
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: **William Hundt** Treasurer
 Signature and typed or printed name of signing officer or director Date **4/23/02** Daytime Phone # **727-541-7668**

CR2E037 (9/01)