

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718067

1. Entity Name

WESTGATE ELEMENTARY SCHOOL PARENTS AND TEACHERS

Principal Place of Business

3560 58TH ST. N.
ST PETERSBURG FL 33710

Mailing Address

3560 58TH ST. N.
ST PETERSBURG FL 33710

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7109333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WESTGATE ELEMENTARY SCHOOL
3560 58TH STREET NORTH
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

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
NAME TERRIO, ELLEN
STREET ADDRESS 5470 40TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710 ☐ Delete

TITLE SD
NAME SEILER, TAMMY
STREET ADDRESS 5511 65TH AVE N
CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Delete

TITLE VD
NAME HANSEN, RAY
STREET ADDRESS 5856 27 AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☒ Delete

TITLE TD
NAME SMITH, KRISTEN
STREET ADDRESS 6301 58TH ST N, #705
CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Co-President
NAME Theresa Fawcett
STREET ADDRESS 2263 - 60th Way N
CITY-ST-ZIP St. Petersburg, FL 33710 ☐ Change ☒ Addition

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirsten Smith - Treasurer

Date

Daytime Phone #

4/3/01

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90096 043 ****61.25

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DO NOT WRITE IN THIS SPACE

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