

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90123 024 \*\*\*\*61.25

**DOCUMENT # 718067**

1. Entity Name

**WESTGATE ELEMENTARY SCHOOL PARENTS AND TEACHERS  
ASSOCIATION OF ST. PETERSBURG, FLORIDA INC.**

Principal Place of Business

Mailing Address

3560 58TH ST. N.  
ST PETERSBURG FL 33710

3560 58TH ST. N.  
ST PETERSBURG FL 33710

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

23-7109333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME CP  
STREET ADDRESS FAWCETT, THERESA  
CITY-ST-ZIP 2263-60TH WAY N  
SAINT PETERSBURG FL 33710

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

TITLE ☐ Delete  
NAME ~~TD~~  
STREET ADDRESS Deborah A. Kelly  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME TD  
STREET ADDRESS Deborah A. Kelly  
CITY-ST-ZIP P. O. Box 60036  
St Pete FL 33734

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SD  
STREET ADDRESS Stacey L. Taylor  
CITY-ST-ZIP 3727 55th Ter N  
Kenneth City, FL 33709

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.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/02 (727) 3932045

CR2E037 (9/01)