

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/4/

**FILED**

**May 17, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90022 034 \*\*\*\*61.25

**DOCUMENT # 719657**

1. Entity Name

**THE RIVIERA MIDDLE SCHOOL PARENT TEACHER ASSOCIA**

Principal Place of Business

501 - 62 AVENUE N E  
ST PETERSBURG FL 33702

Mailing Address

501 - 62 AVENUE N E  
ST PETERSBURG FLA 33702-7613

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

**23-7109337**

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

**MOSTELLAR, CARL**

**501 62ND AVE NE  
ST PETERSBURG FL 33702**

7. Name and Address of New Registered Agent

Name

**Mostellar, Carl**

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

**501 62ND AVE NE**

City

**St. Petersburg**

**FL**

Zip Code

**33702**

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

**Carl Mostellar**

Signature, typed or printed name of registered agent and title if applicable.

**Carl Mostellar**

(NOTE: Registered Agent signature required when reinstating)

**2/25/00**

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 **CATE, SHARON**  
STREET ADDRESS **5459 BAYO GRANDE BLVD, NE**  
CITY-ST-ZIP **ST PETERSBURG FL 33703**

☐ Delete

TITLE **SD**  
NAME **HERZIG, SHARON**  
STREET ADDRESS **1825 BAYOU GRANDE BLVD., NE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

☐ Delete

TITLE **TD**  
NAME **BARBER, CHRISTINA**  
STREET ADDRESS **1842 NEBRASKA AVENUE, NE**  
CITY-ST-ZIP **ST PETERSBURG FL 33703**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 **D**  
NAME **Patterson, Cheryl**  
STREET ADDRESS **700-46 Ave. N.**  
CITY-ST-ZIP **St. Pete FL 33703**

☒ Change ☐ Addition

TITLE **T**  
NAME **SD**  
STREET ADDRESS **Valerie Reynolds**  
CITY-ST-ZIP **5225 Venetian Blvd NE**  
**St. Petersburg FL 33703**

☒ Change ☐ Addition

TITLE **T**  
NAME **TD**  
STREET ADDRESS **Pam Lamerson**  
CITY-ST-ZIP **466 92nd Ave. N**  
**St. Petersburg, FL**

☒ 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:

**CARL MOSTELLAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/25/00**

Daytime Phone #

**727 570 5150**

CR2E037 (9/99)