

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719699

1. Entity Name

SKYCREST PARENT-TEACHER ASSOCIATION, INCORPORATE

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90035 026 ****61.25

Principal Place of Business

Mailing Address

SKYCREST ELEMENTARY PTA
10 N CORONA AVE.
CLEARWATER FL 34625

SKYCREST ELEMENTARY PTA
10 N CORONA AVE.
CLEARWATER FL 33765-2905

2. Principal Place of Business

Skycrest Elementary PTA

3. Mailing Address

Suite, Apt. #, etc.
10 N Corona Ave

Suite, Apt. #, etc.

City & State
Clearwater, FLORIDA

City & State

4. FEI Number
59-0637851

Applied For

Not Applicable

Zip
33765

Country
USA

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

JAKUSH, SHEILA
10 N. CORONA AVE.
CLEARWATER FL 33765

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 P ☒ Delete
NAME PUMPHREY, SHARON
STREET ADDRESS 10 N. CORONA AVE.
CITY-ST-ZIP CLEARWATER FL 33765

TITLE P ☐ Change ☒ Addition
NAME Vicki Milliron
STREET ADDRESS 10 N Corona Ave
CITY-ST-ZIP Clearwater, FL 33765

TITLE DT ☐ Delete
NAME BERRY, PATRICIA
STREET ADDRESS 10 N. CORONA AVE.
CITY-ST-ZIP CLEARWATER FL 33765

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

TITLE DS ☐ Delete
NAME MAVRES, ANNETTE
STREET ADDRESS 10 N. CORONA AVE.
CITY-ST-ZIP CLEARWATER FL 33765

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

TITLE DVP ☐ Delete
NAME FERGUSON, WILLIAM
STREET ADDRESS 10 N. CORONA AVENUE
CITY-ST-ZIP CLEARWATER FL 33765

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: *Vicki Milliron* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000

Date

727-469-5987

Daytime Phone #

CR2E037 (9/99)