

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719739

1. Entity Name

CLEARWATER SENIOR HIGH SCHOOL PTA., INCORPORATED

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90042 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

540 SOUTH HERCULES  
CLEARWATER FL 33764

540 SOUTH HERCULES  
CLEARWATER FL 33764-6314

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

59-3028546

Applied For

Not Applicable

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

GRASSO, NICKOLAS R  
540 S HERCULES AVE  
CLEARWATER FL 34624

Name

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

City

FL

Zip Code

33764

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 DVP ☒ Delete  
NAME HUBBARD, BRENDA  
STREET ADDRESS 1620 FLAGSTONE CT  
CITY-ST-ZIP CLEARWATER FL 34624

TITLE PD ☐ Change ☒ Addition  
NAME John O'Neal  
STREET ADDRESS 1070 Fruitwood Dr.  
CITY-ST-ZIP Clearwater, FL 33756

TITLE TD ☒ Delete  
NAME FARRINGTON, DEBBIE  
STREET ADDRESS 2139 SANDPIPER DR  
CITY-ST-ZIP CLEARWATER FL

TITLE Cheryl Baker VO ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 1446 Premier Village Way  
CITY-ST-ZIP Clearwater, FL 33764

TITLE PD ☒ Delete  
NAME MCMILLAN, MARLY  
STREET ADDRESS 851 MANDALAY AVE  
CITY-ST-ZIP CLEARWATER FL 33767

TITLE SD ☐ Change ☒ Addition  
NAME Nan George  
STREET ADDRESS 1104 S. Duncan  
CITY-ST-ZIP Clearwater, FL 33764

TITLE RSD ☒ Delete  
NAME KOERIG, KATHY  
STREET ADDRESS 939 MANDALAY AVE  
CITY-ST-ZIP CLEARWATER FL 33767

TITLE Carol Cagwin TD ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 1394 Bellevue Blvd  
CITY-ST-ZIP Clearwater, FL 33756

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carol J. Cagwin 5/1/00 727-447-3653

CR2E037 (9/99)