NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91329 001 ****61.25

DOCUMENT # 719739

1. Entity Name
Clearwater Senior High School PTA, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
540 S Hercules	540 S. Hercules
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater Fl	City & State: Clearwater Fl
Zip: 33764 Country:	Zip: 33764 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3028546 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Nick Grasso

Street Address (P.O. Box Number is Not Acceptable): 540 S. Hercules

City: Clearwater 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

FEE IS $61.25 Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	OCS Nan George 1104 S. Duncan Clearwater, Fl 33756
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTreas Suzanne Jacobsen 902 Brigadoon Dr Clearwater FL 33759
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPres John O'Neal 1670 Fruitwood Dr Clearwater Fl 33756
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSP Beth Moore 1010 Regent Ave Clearwater Fl 33756
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Sandra Quizipe 2566 Harn Clearwater, Fl 33756
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne Jacobsen 5-3-02 727-577-3300 X113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #