

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90940 009 ****61.25

DOCUMENT # 719739

1. Entity Name

CLEARWATER SENIOR HIGH SCHOOL PTA, INCORPORATED



Principal Place of Business

**540 SOUTH HERCULES
CLEARWATER FL 33764**

Mailing Address

**540 SOUTH HERCULES
CLEARWATER FL 33764**

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

☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OCS
GEORGE, NAN
1104 S DUNCAN
CLEARWATER FL 33756** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Corresponding Sec. DIR
Becky Evans
1852 Stetson Circle
Clearwater FL 33765* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JACOBSEN, SUZANNE
902 BRIGADOON DRIVE
CLEARWATER FL 33759** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Treas. Director
Robert B. SPENCE
1746 Belknap Drive
Clearwater FL 33765* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
O'NEAL, JOHN
1670 FRUITWOOD DRIVE
CLEARWATER FL 33756** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Pres. DIR
Greg Nichols
2271 Belknap Road
Clearwater FL 33765* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DRS
MOORE, BETH
1010 REGENT AVENUE
CLEARWATER FL 33756** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
QUIZPE, SANDRA
2566 HANN
CLEARWATER FL 33756** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 empowerment.

SIGNATURE: _____

SIG. Robert B. Spence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03

722441-6829

CR2E037 (10/02)