

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 29, 2000 8:00 an
Secretary of State

02-29-2000 90136 047 ****61.25

DOCUMENT # 719915

1. Entity Name

PONCE DE LEON PARENT TEACHER ASSOCIATION, INCORP

Principal Place of Business

Mailing Address

1301 PONCE DE LEON BLVD.
CLEARWATER FL 33756
US

1301 PONCE DE LEON BLVD.
CLEARWATER FL 33756-1273
US

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

59-3189149

Applied F

Not Appli

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

MCELRAVY, KAMILLE
1636 SUFFOLK DR.
CLEARWATER FL 33756

Name

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

City

Valerie Drumm

1606 S. Lady Mary Dr.

Clearwater, FL

FL

Zip Code
33756

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

Valerie Drumm

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MCELRAVY, KAMILLE
1636 SUFFOLK DR.
CLEARWATER FL 33756 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GAUDREAU, CHARLES
1319 BUCKINGHAM DR.
CLEARWATER FL 33756 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LAWYER, SHIRLEY
1509 REGINA DR. W.
LARGO FL 33770 ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Valerie Drumm
1606 S. Lady Mary Dr.
Clearwater, FL 33756 ☐ Change ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Beth Warren
1619 Cambridge Dr.
Clearwater, FL 33756 ☐ Change ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Christy Ridgeway
11601 Pescott Ave.
Clearwater, FL 33756 ☐ Change ☒

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

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

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

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

SIGNATURE:

SIGNATURE REQUIRED

2/14/2000 # 391-3101