9/10/01-90055-014-$70.00-$70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719915

1. Entity Name

PONCE DE LEON PARENT TEACHER ASSOCIATION, INCORP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 25 PM 12:19

Principal Place of Business	Mailing Address
1301 PONCE DE LEON BLVD. CLEARWATER FL 33756 US	1301 PONCE DE LEON BLVD. CLEARWATER FL 33756 US

DO NOT WRITE IN THIS SPACE

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 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
DRUMM, VALERIE 1668 S LADY MARY DR CLEARWATER FL 33756	Name: Kamille McElravy Street Address (P.O. Box Number is Not Acceptable): 16336 Suffolk Dr. City: Clearwater 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: Kamille McElravy 9-4-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Kamille McElravy

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

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 DRUMM, VALERIE 1668 S LADY MARY DR CLEARWATER FL 33756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kamille McElravy 16336 Suffolk Dr. Clearwater FL 33756	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WARREN, BETH 1619 CAMBRIDGE DR CLEARWATER FL 33756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Suzanne Adams 1535 S. Fredrica Ave Clearwater FL 33756	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RIDGEWAY, CHRISTY 1661 PRESCOTT AVE 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/19/20	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kamille McElravy Kamille McElravy 9-4-01 (727)586-5314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #