2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
May 17, 2000 8:00 am
Secretary of State
02-15-2000 90063 039 ****61.25

DOCUMENT # 737263

1. Entity Name

PALM CITY ELEMENTARY PARENT-TEACHER ASSOCIATION,

Principal Place of Business	Mailing Address
1951 SW 34TH STREET PALM CITY FL 34990	1951 SW 34TH STREET PALM CITY FL 34990-3235

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 23-7628365 ☐ 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
MARIN, NANCY 1951 SW 34TH STREET PALM CITY FL 34990	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.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S SPROTT, JENNIFER 3083 SW SUMMER AVE PALM CITY FL 3499	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Lori Lehn 2236 SW Waterview Place Palm City, FL 34990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TETER, JEANNE 2239 SW DANFORTH CIR PALM CITY FL 34990	"D" ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MURPHY, TESS 5403 LANDING CT DR PALM CITY FL 34990	"D" ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HENLEBEN, CATHY 2000 SW DANFORTH PALM CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Mary Beth Simpson "D" 4398 SW Brookside Dr. Palm City, FL 34990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GORDON, SUE 4325 SW BROOKSIDE DR PALM CITY FL 34990	"D" ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MART, LYNNE 3553 THISTLEWOOD LANE PALM CITY FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Jakey Casto "D" 2111 SW Danforth Circle Palm City FL 34990	☐ Change ☒ Addition

CR2E037 (9/99)

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: Mary Beth Simpson Mary Beth Simpson 1/27/00 (561)221-3132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #