

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744200

1. Entity Name

J.D. PARKER ELEMENTARY PARENT-TEACHER ASSOCIATIO

Principal Place of Business

1050 E 10TH STREET
STUART FL 34996-1174

Mailing Address

1050 E 10TH STREET
STUART FL 34996-1174

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

23-7103300

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

NEWMAN, GAIL
1050 E 10 TH ST
STUART FL 34996

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS ZABRAUSKAS, JAMIE
CITY-ST-ZIP 295 S.E. ST LUCIE BLVD
STUART FL 34996

TITLE ☐ Delete
NAME PD
STREET ADDRESS SOSA, KARIN
CITY-ST-ZIP 705 HIBISCUS AVE
STUART FL 34996

TITLE ☐ Delete
NAME SD
STREET ADDRESS GUTIERREZ, IXA
CITY-ST-ZIP 2978 SE FAIRWAY WEST
STUART FL

TITLE ☐ Delete
NAME TD
STREET ADDRESS SOSA, JOSE
CITY-ST-ZIP 705 HIBISCUS AVE
STUART FL 34996

TITLE ☐ Delete
NAME D
STREET ADDRESS DELATER, POLLY
CITY-ST-ZIP 4626 S.E. PILOT AVE
STUART FL 34997

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

(561) 221-8226

Daytime Phone #

CR2E037 (9/99)