

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747107

1. Entity Name

GARDEN ELEMENTARY PARENT-TEACHER ORGANIZATION, I

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90062 017 ****61.25

Principal Place of Business

Mailing Address

% 700 CENTER ROAD
VENICE FL 34292

% 700 CENTER ROAD
VENICE FL 34292

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

59-2045047

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

JOHNSON, BRIDGET
1008 MYRTLE AVENUE
VENICE FL 34292

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	D/T	<input type="checkbox"/> Delete
NAME	JOHNS, PHYLLIS S	
STREET ADDRESS	201 PEACH ST.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	CALHOUN, CINDY	
STREET ADDRESS	408 REDWOOD RD.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	JOHNSON, BRIDGET	
STREET ADDRESS	1008 MYRTLE AVENUE	
CITY-ST-ZIP	VENICE FL	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	LEE, LOIS	
STREET ADDRESS	1687 E MANASOTA BEACH RD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renee Dzierzak	
STREET ADDRESS	1100 Gange Ct	
CITY-ST-ZIP	Venice FL 34293	
TITLE	Lois Lee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1687 E. Manasota beach Rd	
STREET ADDRESS	Englewood Fl.	
CITY-ST-ZIP		
TITLE	Marcy Demaree	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5405 David Blvd	
STREET ADDRESS	Port Charcollet 33981	
CITY-ST-ZIP		
TITLE	Bridget Johnson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1008 Myrtle Ave	
STREET ADDRESS	Venice Fl. 34292	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:

Bridget Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2000

Date

Daytime Phone #

(441)

486-2110

CR2E037 (9/99)