

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90053 048 ****61.25

0087420

DOCUMENT # 747107

1. Entity Name

GARDEN ELEMENTARY PARENT-TEACHER ORGANIZATION, I NC.

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

4. FEI Number

59-2045047

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JaneAnn Jennings

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

3247 Fallow Road

City

Venice

FL

Zip Code

34293

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

JaneAnn Jennings

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

(NOTE: Registered Agent signature required when reinstating)

2/7/02

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	T	<input type="checkbox"/> Delete
NAME	DEMAREE, MARCY	
STREET ADDRESS	700 CENTER RD	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	S	<input type="checkbox"/> Delete
NAME	FICHTENBURG, APRIL	
STREET ADDRESS	700 CENER RD	
CITY-ST-ZIP	VENICE FL 34292	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorian Popescu	
STREET ADDRESS	700 Center Road	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debbie Beese	
STREET ADDRESS	700 Center Road	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JaneAnn Jennings	
STREET ADDRESS	3247 Fallow Road	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Kopp	
STREET ADDRESS	2805 Geneva Road	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	D/Co-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois Lee	
STREET ADDRESS	1687 E Manasota Beach Road	
CITY-ST-ZIP	Englewood, FL 34223	
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)(f), 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

JaneAnn Jennings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-486-2110

CR2E037 (9/01)