

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90061 012 \*\*\*\*61.25

**DOCUMENT # 748849**

1. Entity Name  
**SEMINOLE MIDDLE SCHOOL PTO, INC.**

Principal Place of Business <b>8701 131 STREET NORTH SEMINOLE FL 33776</b>	Mailing Address <b>8701 131 STREET NORTH SEMINOLE FL 33776-2715</b>
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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 **59-1172941**      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

**LEBOEUF, JUDY  
8701 131ST STREET N  
SEMINOLE FL 33776**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	STOSIC, JOYCE	8273 131ST WAY N	SEMINOLE FL 33776	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	ALDRICH, SHARMIN'	1490 82ND TERR N	SEMINOLE FL 33776	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	HOPKINS, LAURA	12013 106TH AVE N	LARGO FL 33778	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	BURRESS, CAROL	12460 ROSE ST #16	SEMINOLE FL 33772	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	DAVIDSON, ROBIN	13498 BINGLEWOOD AVE N	SEMINOLE FL 33776	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

*Judy Serata*  
**8273 131st Way North**  
**Seminole FL 33776**

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: Carol L. Burress Date: 2-22-2000 Daytime Phone #: 727-393-5394