

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90174 021 \*\*\*\*70.00

**DOCUMENT # 748849**  
 1. Entity Name  
**SEMINOLE MIDDLE SCHOOL PTO, INC.**

Principal Place of Business      Mailing Address  
**8701 131 STREET NORTH**      **8701 131 STREET NORTH**  
**SEMINOLE FL 33776**      **SEMINOLE FL 33776**

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 **23-7409812**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**LEBOEUF, JUDY**  
**8701 131ST STREET N**  
**SEMINOLE FL 33776**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b> <input checked="" type="checkbox"/> Delete<br><b>BURRESS, CAROL</b><br><b>12732 106TH ST. NORTH</b><br><b>LARGO FL 33773</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b> <input checked="" type="checkbox"/> Delete<br><b>HEIR, LISA</b><br><b>13747 BERMUDA DR.</b><br><b>SEMINOLE FL 33776</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD</b> <input type="checkbox"/> Delete<br><b>HOFFMAN, CHERI</b><br><b>13564 TRADITIONS DR.</b><br><b>SEMINOLE FL 33776</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b> <input checked="" type="checkbox"/> Delete<br><b>HORTSELLE, ART</b><br><b>8229 113TH ST. N</b><br><b>SEMINOLE FL 33772</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>SMITH, ANNE</b><br><b>14224 MARK DRIVE</b><br><b>LARGO FL 33774</b>                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input checked="" type="checkbox"/> Delete<br><b>SERATA, JUDY</b><br><b>8273 131ST WAY N</b><br><b>SEMINOLE FL 33776</b>     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Jim Tufley</b><br><b>776 85th Avenue N.</b><br><b>St. Petersburg, FL 33702</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Vice-President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Mary Ellen Smith</b><br><b>8315 139th Street N.</b><br><b>Seminole, FL 33776</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Cheri Hoffman</b><br><b>13564 Traditions Drive</b><br><b>Seminole FL 33776</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Vice-President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Anne Marie Dow</b><br><b>13855 77th Avenue N.</b><br><b>Seminole, FL 33776</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Betty Bitting</b><br><b>9588 120th Street N.</b><br><b>Seminole, FL 33772</b>    |

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: Cheri T. Hoffman      **Cheri T. Hoffman**      1/10/02      (727) 547-4520  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)