

1/20/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-20-2001 90022 037 ****61.75

DOCUMENT # 750216

1. Entity Name

BAYSHORE ELEMENTARY P T O, INC.

Principal Place of Business

**6120-26TH STREET WEST
BRADENTON FL 34207-3310**

Mailing Address

**6120-26TH STREET WEST
BRADENTON FL 34207-3310**

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

65-0049905

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

LEVENGOOD, THOMAS L.
6120 26 STREET WEST
BRADENTON FL 34207

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 | VD | <input checked="" type="checkbox"/> Delete |
| NAME | MCNEAL, MARY | |
| STREET ADDRESS | 3819 59TH AVENUE W. | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | REEDY, SUSAN | |
| STREET ADDRESS | 3211 BAY DRIVE | |
| CITY-ST-ZIP | BRADENTON FL 34207 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | GOWAN, KELLI | |
| STREET ADDRESS | 6231 GEORGIA AVE | |
| CITY-ST-ZIP | BRADENTON FL 34207 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|---|
| TITLE | PTO president | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Toni Didas | |
| STREET ADDRESS | 6120 26th St. W | |
| CITY-ST-ZIP | Bradenton, FL 34207 | |
| TITLE | Vice pres | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Laura Richelieu | |
| STREET ADDRESS | 6120 26th St W | |
| CITY-ST-ZIP | Bradenton FL 34207 | |
| TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Delores Payne | |
| STREET ADDRESS | 6120 26th St W | |
| CITY-ST-ZIP | BRADENTON FL 34207 | |
| TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Echo Zerdos | |
| STREET ADDRESS | 6120 26th St W | |
| CITY-ST-ZIP | Bradenton, FL 34207 | |
| 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: *(Signature of Toni Didas)* **1-8-01 9417517000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)