

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90866 028 \*\*\*\*61.25

**DOCUMENT # 753942**

1. Entity Name

**DUNEDIN MIDDLE SCHOOL PTA, INC.**

Principal Place of Business

Mailing Address

DHMS  
896 UNION ST  
DUNEDIN FL 34698  
US

896 UNION ST  
DUNEDIN FL 34698-8149  
US

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

**59-2016860**

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

**LANDERS, MARGARET**  
**896 UNION ST**  
**DUNEDIN FL 34698**

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	TD	<input checked="" type="checkbox"/> Delete
NAME	BASCOM, SANDRA L	
STREET ADDRESS	1161 PALM BLVD	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOUCHARD, KAREN	
STREET ADDRESS	1350 SAGO COURR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCCLUNG, MARIE	
STREET ADDRESS	1742 HICKORY GATE DR. S.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CONSTABLE, LISA	
STREET ADDRESS	LAGRANDE DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARMOUTH, RACHELLE	
STREET ADDRESS	6 EAGLE LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FREDERICK L. DEAN, CPA	
STREET ADDRESS	2380 BARCELONA DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK L. DEAN, CPA	
STREET ADDRESS	2380 BARCELONA DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	

CR2E037 (9/99)

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: FREDERICK L. DEAN, CPA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-9-00**

Date

**727-738-1846**

Daytime Phone #