

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90235 049 \*\*\*\*61.25

**DOCUMENT # 754601**

1. Entity Name

**BROOKSHIRE PARENT TEACHER ASSOCIATION, INC.**

Principal Place of Business

**400 GREENE DRIVE  
WINTER PARK FL 32792**

Mailing Address

**400 GREENE DRIVE  
WINTER PARK FL 32792**

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

**NOT APPLICABLE**

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

Name

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

City

**FL**

Zip Code

**ACKLEY, S.  
400 GREENE DR.  
WINTER PARK FL 32792**

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**  
**After September 12, 2001, min. will be \$236.25**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
ORLANDO, MICHELLE  
2268 MIDDLETON ROAD  
WINTER PARK FL 32792** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPRI  
ACKLEY, S.  
400 GREENE DR.  
WINTER PARK FL 32792** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
BATTEN, LINDA  
619 GILBERT RD  
WINTER PARK FL 32792** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
MODOMO, DENISE  
1026 DUNRAVEN DRIVE  
WINTER PARK FL 32792** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
COOPER, HOLLY  
2349 SUMMERFIELD ROAD  
WINTER PARK FL 32792** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
KING, MARIE  
513 DUNBLANE DRIVE  
WINTER PARK FL 32792** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
LORETTA M. LOTT  
300 BECKETT CT  
WINTER PARK, FL 32792** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
MARIA FRASCA  
625 WORTHINGTON DR  
WINTER PARK, FL 32789** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
HOLLY COOPER  
2349 SUMMERFIELD RD  
WINTER PARK, FL 32792** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
SHERRI ERWIN  
601 BRECHEN DR  
WINTER PARK, FL 32792** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
JEANNE HOLLINGSHEAD  
708 BALMORAL DR.  
WINTER PARK, FL 32789** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**SIXTH FLOOR REQUIRED**

7/19/01

407 645 2407

CR2E037 (5/01)