## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 754601 1. Entity Name

## BROOKSHIRE PARENT TEACHER ASSOCIATION, INC.

FILED Aug 25, 2002 8:00 am Secretary of State 08-25-2002 90195 025 \*\*\*\*61.25

Principal Place of Business		Mailing Address							
400 GREENE WINTER PAR			400 Greene Drive Winter Park FL 32792				,		
						ولا توارد   [ [ ] [ ] [ ] المراجع		IN AINI AINE NAIN	#1 <b>#10</b> 1# <b>3</b> 1071 (801
2. Principal	l Place of Business	3. Mailing Address			2 777 40 16	1337			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<u> </u>			
		Suite, /	npi. #, eic.		,		DO NOT WRITE	IN THIS SPACE	
City & State		City & State		<del></del>		4. FEI Number NOT APPLICABLE Applied For			
Zip -	Country	Zip	<del></del> 1	Country			NOT APPLICA		Not Applicat
***				Country		5. Certificate of	Status Desired	□ \$8.75 Fee Red	Additional juired
	6. Name and Address of Curren	t Registered A	gent			7. Name and A	dress of New Re	gistered Agent	
بيوسود بدر	والأنجابين يستوان ويستنبيه			Name				. 4 - 2 - 2	
ACKLEY,				Street	Address (P	.O. Box Number i	s Not Acceptable)		
400 GRE	ene dr. Park Fl 32792							**	<del></del>
WHATEN	FARR FL 32/82			City		<del></del> -		FI Zip	Code
8. The abov	ve named entity submits this statement i	for the nurnose	of changing its	registered office	or rogistara	d accest b-stb	in the Orace of El.		
the obliga	ations of registered agent.	or the purpose t	or changing its i	egistered office	or registere	a agent, or both,	in the State of Flori	da. I am familiar v	vith, and accep
8101117117	_								
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable	. (NOTE:	Registered Agent sign	ature required w	men reinstatino)		DATE	
		······		····			<del></del>		
•	After September 13, 2002,		. Election Cam	paign Financing		\$5.00 May Be	Make	Check Payat	ale to
	min. will be \$236.25.	,	Trust Fund Co	ontribution.		Added to Fees		partment of Si	
10.	OFFICERS AND D	IRECTORS		11,		DITIONS (CLIAN)	OFFI TO OFFI OFFI	ALID DIDECTOR	
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NAME	LOTT, LORETTA M			NAME	Lorest	ta Lott	. 1	Union Cal	ge Addition
STREET ADDRESS CITY-ST-ZIP	300 DECKETT GOORT			STREET ADDRESS	1300 R	eckett Co	urt		
TITLE	WINTER PARK FL 32792  DPRI			CITY-ST-ZIP	MIN	ier Park,	FL 32792	<b>.</b>	
NAME	ACKLEY, S.		☐ Delete	TITLE NAME				☐ Chan	ge 🔲 Additio
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP	WINTER PARK FL 32792			CITY-ST-ZIP					
TITLE	DT		Delete	TITLE	DT				e X Additio
NAME	COOPER, HOLLY	ا سم المالا م		NAME	Mary	Jo More	ēllu -	المتاري والسه مرهايته مسمد	je i u graj riddino
STREET ADDRESS CITY-ST-ZIP	2013 COMMENT ILLD HOAD			STREET ADDRESS	666	Brechin D	ر ۲		
	WINTER PARK FL 32792			CITY-ST-ZIP	Mid#	er Park	Elly FL 3279	.2	
title Name	DS ERWIN, SHERRY	1	☐ Delete	TITLE				☐ Chang	e 🔲 Additio
	,			NAME					
SINCEL ADDRESS	1601 BRECHEN DRIVE				i				
	601 BRECHEN DRIVE   WINTER PARK FL 32792			STREET ADDRESS					
CITY-ST-ZIP	601 BRECHEN DRIVE WINTER PARK FL 32792 DS	<u> </u>	▼ Nelete	STREET ADDRESS CITY-ST-ZIP	DD				
CITY-ST-ZIP TITLE	WINTER PARK FL 32792	)	<b>⊠</b> Delete	STREET ADDRESS	DP .	n Frasco	<u> </u>	☐ Chang	e 🔀 Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS	WINTER PARK FL 32792 DS	)	<b>⊠</b> Delete	STREET ADDRESS CITY-ST-ZIP TITLE	Mari	a Frasco Worthing	L ton Dr.	☐ Chang	e 🔀 Additio
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WINTER PARK FL 32792 DS COOPER, HOLLY 2349 SUMMERFIELD ROAD WINTER PARK FL 32792 DS HOLLINGSHEAD, JEANNE		<del>,</del>	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Mari 525 Winte	worthing er Park.	fon Dr. FL 3279		
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12. I hereby certify that the information supplied with this filling 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 SIGNATURE:

SIGNATURE:

SIGNATURE: