2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # 758728 May 24, 2000 8:00 am 1. Entity Name Secretary of State FUGUITT ELEMENTARY SCHOOL PTA, INC. 05-24-2000 90030 003 ****61.25 Principal Place of Business Mailing Address 13010 101ST ST NO 13010 101ST ST NO **LARGO FL 33773** LARGO FL 33773-5600 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 23-7628152 Not Applicable \$8,75 Additional _ - Zip --Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Guler Street Address (P.O. Box Number is Not Acceptable) LASH, JOHN G. 13010 101 ST NORTH **LARGO FL 34643** City ango 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 Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition 🗹 Delete PD TITLE DeSantis Kathu POWER, JIM NAME 108 m Ave N 11814 STREET ADDRESS STREET ADDRESS 833 13TH CT. SW. CITY-ST-7IP Largo, FL CITY-ST-ZIP LARGO FL 33770 Delete ☐ Change ✓ Addition SD TITLE TITLE KWIATEK, CHERYL NAME 775_112 STREET ADDRESS STREET ADDRESS 12025 106TH AVE., N_ CITY-ST-7IP argo, FL CITY-ST-ZIP LARGO FL Addition **野** SD ☐ Change W Z Delete TITLE TITLE Julia Melucci NAME CROY, DEBBIE L NAME 11524 108 PL N STREET ADDRESS STREET ADORESS 11762 110TH TERRACE N CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33778 <u>Lango,</u> ✓ Addition ☐ Delete TITLE ☐ Change Kathryn McCabe SALMON, SONYA NAME NAME 10/st 5+N 12400 STREET ADDRESS STREET ADDRESS 7501 ULMERTON RD-APT 126 CITY-ST-ZIP CITY-ST-7IP LARGO FL 33771 Change نام ا ☐ Addition TITI E **GULER, PAM** NAME NAME STREET ADDRESS STREET ADDRESS 12057 105 AVE. N CITY-ST-ZIP CITY-ST-ZIP LARGO FL TITLE Delete mary Wilcoxen LOMONACO, ELIZABETH NAME Sailwinds Dr N 12293 STREET ADDRESS STREET ADDRESS 10933 117TH STREET NORTH CITY-ST-ZIP Lango, CITY-ST-ZIP LARGO FL 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