**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 20, 2002 8:00 am DOCUMENT # **759996 Secretary of State** 1. Entity Name 02-20-2002 90031 023 \*\*\*\*61.25 PASADENA FUNDAMENTAL PTA, INCORPORATED Principal Place of Business Mailing Address 95-72ND ST N 95-72ND ST. N. ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) MIRANDA, CYNDI 95-72ND ST. N. ST. PETERSBURG FL 33710 City Zip Code FL 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 - 22-02 red agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VD Greg Bahard 6477 31 of Ave. N. VD Addition TITLE Delete TITLE ☐ Change MC NAUGHTON, TAMARA NAME NAME 6401 22ND ST N STREET ADDRESS STREET ADDRESS 5t. Pederoburg, 33710 CITY-ST-ZIP CITY-ST-ZIE SAINT PETERSBURG FL 33702 TITLE ☐ Delete TITLE-PD Change ☐ Addition SCHMIDT, KAREN NAME NAME schmidt, Kuren 5880 42 m Way North STREET ADDRESS 5880 42ND WAY NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33714 St. Petersburg Addition TITLE ☐ Delete TITLE Change PELKEY, LORRIE NAME NAME STREET ADDRESS STREET ADDRESS 4211 4TH AVE N CITY-ST-ZIP CITY-ST-7IP SAINT PETERSBURG FL 33713 TITLE Delete TITLE Change Addition MIRANDO, CYNDI NAME NAME STREET ADDRESS 3326 38TH ST N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33713 Petersburg Delete ☐ Addition HAMMON, MARIA NAME NAME 835 116 M AC. STREET ADDRESS 5675 24TH AVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33710 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP 12. Thereby 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

SIGNATURE:

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

1.31.02 727-367.848)