

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762760

1. Entity Name

ALTOONA ELEMENTARY FOUNDATION, INC.

P

Principal Place of Business

44440 SPRING CREEK RD  
PAISLEY FL 32767  
US

Mailing Address

44440 SPRING CREK RD  
PAISLEY FL 32767  
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

59-2197319

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

HATFIELD, JERRY D.  
44440 TRANSFER STATION RD  
PAISLEY FL 32767

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  
After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SLATER, JOHN  
STREET ADDRESS ALTOONA ROAD  
CITY-ST-ZIP ALTOONA FL

☒ Delete

TITLE VD  
NAME SCOTT, HELEN G.  
STREET ADDRESS 18300 RAVENWOOD ROAD  
CITY-ST-ZIP ALTOONA FL

☐ Delete

TITLE D  
NAME MALCOLM, EMORY  
STREET ADDRESS RAVENWOOD ROAD  
CITY-ST-ZIP ALTOONA FL

☐ Delete

TITLE ~~D Sec/Treas~~  
NAME HARTMAN, MARTHA  
STREET ADDRESS 533 N. UMATILLA BLVD.  
CITY-ST-ZIP UMATILLA FL

☐ Delete

TITLE D  
NAME LATNER, JOANN  
STREET ADDRESS BOYS RANCH ROAD  
CITY-ST-ZIP ALTOONA FL

☒ Delete

TITLE D  
NAME KERSEY, PATI  
STREET ADDRESS 18533 NFS RD 535  
CITY-ST-ZIP ALTOONA FL

☒ Delete

TITLE  
NAME Cindy Watts  
STREET ADDRESS PO Box 300  
CITY-ST-ZIP Paisley FL 32767

☐ Change ☒ Addition

TITLE  
NAME Kim Sherman  
STREET ADDRESS 25339 Mardon Cir  
CITY-ST-ZIP Paisley FL 32767

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

MARTHA C. HARTMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Aug 08, 2000 8:00 am  
Secretary of State

08-08-2000 90016 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)