

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763340

1. Entity Name

JESSIE P. MILLER ELEMENTARY SCHOOL PARENT-TEACHE

Principal Place of Business

Mailing Address

4201 MANATEE AVE W
BRADENTON FL 34205

4201 MANATEE AVE W
BRADENTON FL 34205-1720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BANKS, CHUCK
4201 MANATEE AVE W
BRADENTON FL 34205

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

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 CONLEY, JEFF
STREET ADDRESS 408 51ST ST N.W.
CITY-ST-ZIP BRADENTON FL ☒ Delete

TITLE TD
NAME MORRISH, VICKI
STREET ADDRESS 3504 RIVERVIEW BLVD.
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE SD
NAME STANCIL, TINA
STREET ADDRESS 3824 5 AVE. W.
CITY-ST-ZIP PALMETTO FL ☒ Delete

TITLE AVPD
NAME BAYER, JUDITH
STREET ADDRESS 7825 SENRAB DRIVE
CITY-ST-ZIP BRADENTON FL ☒ Delete

TITLE AVPD
NAME BANKS, C.V. J
STREET ADDRESS 6703 23 AVE. W.
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE ASD
NAME CAIRNS, PAT
STREET ADDRESS 2612 34TH ST. W.
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE PD
NAME BROWN, GENE
STREET ADDRESS 318 32ND ST. W
CITY-ST-ZIP BRADENTON FL 34205 ☒ Change ☐ Addition

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

TITLE SD
NAME WHALEN, SUE
STREET ADDRESS 2212 41ST ST. W
CITY-ST-ZIP BRADENTON FL 34209 ☒ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90027 038 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2236856 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1-21-2000 941-746-2463