

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90083 043 \*\*\*\*61.25

**DOCUMENT # 765562**

1. Entity Name

**KINGS HIGHWAY ELEMENTARY SCHOOL PARENT-TEACHER A**

Principal Place of Business

**1715 KINGS HIGHWAY  
CLEARWATER FL 33755  
US**

Mailing Address

**1715 KINGS HIGHWAY  
CLEARWATER FL 33755-2026  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2591344**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KENNETH R O'BRYANT  
1715 KINGS HIGHWAY  
CLEARWATER FL 33755**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CASTOGNA, KAREN	410 HILLTOP	CLEARWATER FL 33755	<input type="checkbox"/>
VD	HARVEY, AUDREY	1831 BRAXTON BRAGG LANE	CLEARWATER FL 33765	<input type="checkbox"/>
VD	DRUMMOND, AUDREY	2049 BRAMPTON	CLEARWATER FL 33755	<input type="checkbox"/>
TD	MANN, MICHELE	1697 PINE PL	CLEARWATER FL 33755	<input type="checkbox"/>
VD	MILLER, SHELLEY	1999 N KEENE RD #2	CLEARWATER FL 33755	<input type="checkbox"/>
VD	GAWVEY, MELISSA	1765 KINGS HIGHWAY RD	LANGSTON AL 35755	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, 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

1/28/00

Date

(727)446-0917

Daytime Phone #