

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90667 017 ****61.25

0042821

DOCUMENT # 765562

1. Entity Name

KINGS HIGHWAY ELEMENTARY SCHOOL PARENT-TEACHER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1115 KINGS HIGHWAY
 CLEARWATER FL 33755
 US**

**1715 KINGS HIGHWAY
 CLEARWATER FL 33755
 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

59-2591344

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

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

Name

Lynne Couch

Street Address (P.O. Box Number is Not Acceptable)

1223 Murray Ave

City

Clear FL

FL

Zip Code

33755

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	PD	<input type="checkbox"/> Delete
NAME	COUCH, LYNNE	
STREET ADDRESS	1223 MURRAY AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEBB, SUSAN	
STREET ADDRESS	1837 EAST AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, TERESA	
STREET ADDRESS	1417 LYNN AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, DEBRA	
STREET ADDRESS	1585 CLARK STREET	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, SHELLEY	
STREET ADDRESS	1999 N KEENE RD #2	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman, Director of Memory Bank	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, TERESA	
STREET ADDRESS	1417 Lynn Ave	
CITY-ST-ZIP	Clearwater FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lynne J. Couch

DATE

3-18-02

Daytime Phone #

727-741-9774

CR2E037 (9/01)