

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90025 041 \*\*\*\*61.25

**DOCUMENT # 766032**

1. Entity Name

**PLANTATION MIDDLE SCHOOL PARENT-TEACHER ORGANIZATION OF THE PLANTATION MIDDLE SCHOOL**

Principal Place of Business

Mailing Address

6600 WEST SUNRISE BLVD  
 PLANTATION FL 33313

6600 WEST SUNRISE BLVD  
 PLANTATION FL 33313

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2357815**

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

**AKAR, CHRIS**  
**1087 NW 96 AVENUE**  
**PLANTATION FL 33322**

Name **Jo Matlocks-McKerlie**

Street Address (P.O. Box Number is Not Acceptable)  
**7360 NW 4th St #208**

City **Plantation**

**FL**

Zip Code **33317**

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 *Jo Matlocks-McKerlie*  
 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 **TD** ☐ Delete  
 NAME **MCNALLY, DEBBIE**  
 STREET ADDRESS **1200 N.W. 100 WAY**  
 CITY-ST-ZIP **PLANTATION FL**

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

TITLE **PD** ☒ Delete  
 NAME **AKAR, CHRIS**  
 STREET ADDRESS **1087 NW 96 AVENUE**  
 CITY-ST-ZIP **PLANTATION FL 33322**

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

TITLE **VD** ☒ Delete  
 NAME **GREGORY, DONNA**  
 STREET ADDRESS **1266 NW 106 TERRACE**  
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **President** ☐ Change ☒ Addition  
 NAME **Jo Matlocks-McKerlie**  
 STREET ADDRESS **7360 NW 4th St #208**  
 CITY-ST-ZIP **Plantation FL 33317**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: *Jo Matlocks-McKerlie*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/22/02** Daytime Phone # **(954) 476-7288**

CR2E037 (9/01)