

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

090500

DOCUMENT # 769020

1. Entity Name

MAPLEWOOD ELEMENTARY PARENT TEACHER ORGANIZATION

Principal Place of Business

MAPLEWOOD ELEMENTARY
% 9850 RAMBLEWOOD DR.
CORAL SPRINGS FL 33071
US

Mailing Address

9850 RAMBLE WOOD DRIVE
% 9850 RAMBLEWOOD DR.
CORAL SPRINGS FL 33071
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

59-2295898

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERN, M ANGELA
11257 NW 18TH COURT
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name MAUREEN A. STRASSLER

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

10124 NW 19 STREET

City CORAL SPRINGS

FL

Zip Code

33071

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

Maureen A. Strassler

PTD PRESIDENT

9/19/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MAUREEN A. STRASSLER

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

| | | |
|----------------|------------------------|--|
| TITLE | TTD | <input checked="" type="checkbox"/> Delete |
| NAME | TAYLOR, LESLEY | |
| STREET ADDRESS | 1409 NW 97TH TERRACE | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | WILDER, IRIS | |
| STREET ADDRESS | 10069 VESTAL PLACE | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | DVP | <input checked="" type="checkbox"/> Delete |
| NAME | BARR, MINDY | |
| STREET ADDRESS | 1172 NW 117TH AVE. | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | NEUBURG, COMI | |
| STREET ADDRESS | 10779 NW 19TH DR. | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | TTD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DEBBIE TERBEN | |
| STREET ADDRESS | 1882 NW 97 AVE | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | |
| TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MAUREEN A. STRASSLER | |
| STREET ADDRESS | 10124 NW 19 STREET | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | |
| TITLE | DVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ELIZABETH ROJAS | |
| STREET ADDRESS | 10951 NW 20TH DRIVE | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | |
| TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JANINE MUSUMECI | |
| STREET ADDRESS | 1450 102 WAY | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | |
| 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:

MAUREEN A. STRASSLER

8/29/00

(954) 340-4534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)