

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001650

1. Entity Name

SCHOOL OF ARTS AND SCIENCES PARENTS', TEACHERS',

Principal Place of Business

3208 THOMASVILLE RD.  
TALLAHASSEE FL 32312

Mailing Address

3208 THOMASVILLE RD.  
TALLAHASSEE FL 32312

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

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

DEPART, JACQUES  
1154 SEMINOLE DR.  
TALLAHASSEE FL 32301

Name Cindy Teem

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

1515 Oldfield Drive

City Tallahassee

FL

Zip Code 32308

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 Cindy Teem CINDY TEEM (Treasurer) Sept 7, 2001

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMSON, MICHELLE P.O. BOX 15831 TALLAHASSEE FL 32317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dobbs, Jane 3122 Cabot Rd. Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWENS, NELL 2713 RAIN TREE CIRCLE TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Carol Yarbrough 2027 Longview Dr. Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEPART, JACQUES 1154 SEMINOLE DR. TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Teem, Cindy 1515 OLDFIELD DRIVE TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOCKMAN, RITA 2314 CUMBERLAND DR. TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brenda Mills 1922 E. Indianhead Dr. Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORMONDY, SHERYL 2288 HAMPSHIRE WAY TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JOY 1205 SANDHURST DR. TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jane R Dobbs JANE R DOBBS

Sept. 7, 2001 385-1720

FILED  
Sep 12, 2001 8:00 am  
Secretary of State

09-12-2001 90008 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)