FILED Sep 19, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000002019 08-20-2001 90069 040 ****61.25 MOTON ELEMENTARY SCHOOL PARENT TEACHER ORGANIZAT Principal Place of Business Mailing Address -126517175 EMERSON ROAD 7175 EMERSON ROAD BROOKSVILLE FL 34801 BROOKSVILLE FL 34601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) STEINMAN, GREGORY 7175 EMERSON ROAD **BROOKSVILLE FL 34601** 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 \$5.00 May Be FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition PRESIDENT TITLE Delete TITLE Change GREY STEINMAN (1) (0) NAME NAME STREET ADDRESS STREET ADDRESS BROOKSVILLE FL 3460) VICE-PRESIDENT CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete NIKKI PLANCO TITS EMERSON RO NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BROOKSUILLE, FL Addition Change TITLE IME TREASURER Delete TAMMY STEWMAN NAME 7175 EMERSON KD STREET ADDRESS STREET ADDRESS BROOKSVILLE, FL CITY-ST-ZIP 34601 CITY-ST-ZIP Change Addition CO-TREASURER TITLE Delete TITLE BEATRICE PAIS NAME NAME 7175 EMERSON RD STREET ADDRESS STREET ADORESS CITY-ST-ZIP BROCKSVILLE, FL 3460, CO-SECRETARY CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME RENEE BATTEN TITS EMERSON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE FL 34601 CO-SECRETAR TITLE Change Addition ☐ Defete TITLE THEOL AUSTON NAME NAME 7175 EMERSON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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). Forida 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 REGREG SIGNATURE: