

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

01-24-2003 90121 050 ***61.25

DOCUMENT # N00000002520

1. Entity Name

HERON BAND PARENTS ASSOCIATION, INC.



Principal Place of Business
**18500 THREE OAKS PARKWAY
FT MYERS FL 33912**

Mailing Address
**18500 THREE OAKS PARKWAY
FT MYERS FL 33912**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0911107**

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

**CASTELLANO, MARK J
1816 NE 24TH PLACE
CAPE CORAL FL 33993**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RODERICK, HALI	
STREET ADDRESS	7378 SEA ISLAND RD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, COLEEN	
STREET ADDRESS	9778 COUNTRY OAKS DR	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWEN, LETHA	
STREET ADDRESS	18573 WISTERIA ROAD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLK, ANTHONY	
STREET ADDRESS	6117 DEER RUN	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLER, MATTHEW	
STREET ADDRESS	5782 BEACHWOOD TR	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELLANO, MARK J	
STREET ADDRESS	1816 NW 24TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33993	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gburski, Barbara	
STREET ADDRESS	18048 Horseshoe Bay Circle	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda Sands	
STREET ADDRESS	19473 DevonWood Circle	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	Vice President-Fund Raising	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori Colie	
STREET ADDRESS	18229 Columbine Road	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adams, Laurie	
STREET ADDRESS	18727 Spruce Drive, E	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Malone, Margaret J.	
STREET ADDRESS	19350 Pine Glen Drive	
CITY-ST-ZIP	Ft. Myers, FL 33912	
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:

SIGNATURE REQUIRED

1-21-03

239-498-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)