

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000007856**

1. Entity Name

**NOONAN ACADEMY PARENT-TEACHER CONNECTION, INC.**

Principal Place of Business

**6401 TECHSTER BLVD  
FT MYERS FL 33912**

Mailing Address

**6401 TECHSTER BLVD  
FT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1064633**

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****RANDOLPH, MICHAEL D ESQ  
1619 JACKSON STREET  
FT MYERS FL 33901**

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.

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  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>DP</b>			
	<b>LANDERS, SUE</b>			
	<b>5313 SHALLEY CIRCLE E</b>			
	<b>FT MYERS FL 33919</b>			
	<b>DV</b>			
	<b>RICHARDS, DAWN</b>			
	<b>6401 TECHSTER BLVD</b>			
	<b>FT MYERS FL 33912</b>			
	<b>DS</b>			
	<b>LAWYER, BILL</b>			
	<b>2400 JASPER AVE</b>			
	<b>FT MYERS FL 33907</b>			
	<b>DT</b>			
	<b>SPREHN, SUE</b>			
	<b>6401 TECHSTER BLVD</b>			
	<b>FT MYERS FL 33912</b>			

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****4/24/01**

Date

**941-278-1121**

Daytime Phone #

CR2E037 (10/00)