

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90087 040 ****61.25

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DOCUMENT # N00000008113

1. Entity Name

THE NOONAN ELEMENTARY PARENT TEACHERS ASSOCIATIO

Principal Place of Business

3528 S.W. 3RD AVE.
 CAPE CORAL FL 33914

Mailing Address

3528 S.W. 3RD AVE.
 CAPE CORAL FL 33914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State, Zip

Zip

Country

Zip

City

4. FEI Number

31-1753961

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GOLDBERG, SCOT D
 1533 HENDRY STREET, #100
 FORT MYERS FL 33901

7. Name and Address of New Registered Agent

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

TITLE PD
 NAME PALUMBO, NANNETTE
 STREET ADDRESS 3628 S.W. 3RD AVE.
 CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE VPD
 NAME HAYES, JENNY
 STREET ADDRESS 1913 PICCADILLY CIRCLE
 CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE SD
 NAME WARD, DENISE
 STREET ADDRESS 1421 SE 26TH TERRACE
 CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE TD
 NAME MARTIN, TONYA
 STREET ADDRESS 823 SW 29TH TERRACE
 CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS 3628 SE 18th Ave
 CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

Nannette Palumbo NANNETTE PALUMBO 2/1/01

Date

Daytime Phone #

CR2E037 (10/00)