

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001890

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** PASCO COUNTY PARENTS FOR BETTER TEACHERS BUREAU, INC.

**Current Principal Place of Business:**

P.O.BOX 700  
NEW PORT RICHEY, FL 34656

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.B. 700  
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBBINS, LANA  
POB 700  
NEW PORT RICHEY, FL 34656      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D                      ( ) Delete  
Name: BATEY, SCOTT  
Address: 14046 HICKS RD  
City-St-Zip: HUDSON, FL 34669

Title: D                      ( ) Delete  
Name: MAZZONE, SUSAN  
Address: P.O.BOX 700  
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: D                      ( ) Delete  
Name: ROBBINS, LANA  
Address: P.O.BOX 700  
City-St-Zip: NEW PORT RICHEY, FL 34656

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANA ROBBINS

MS.

04/30/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date