

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90123 040 ****61.25

DOCUMENT # N01000004186

1. Entity Name

ALVA ELEMENTARY PARENT-TEACHER ORGANIZATION, INC



Principal Place of Business

**17500 CHURCH STREET
ALVA FL 33920**

Mailing Address

**17500 CHURCH STREET
ALVA FL 33920**

90013161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-1101260**

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

**LAWRENCE, CALLIE C
17500 CHURCH STREET
ALVA FL 33920**

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 **PC** ☐ Delete
NAME **TUSEAN, JEFF**
STREET ADDRESS **2113 CAPTAIN NELSON CT**
CITY-ST-ZIP **ALVA FL 33920**

TITLE ☐ Change ☐ Addition
NAME **TUSCAN, JEFF**
STREET ADDRESS **21131 CAPTAIN NELSON CT**
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **BORGHESE, IRIS**
STREET ADDRESS **1970 OAK DR**
CITY-ST-ZIP **ALVA FL 33920**

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

TITLE **SD** ☐ Delete
NAME **WOLFENDALE, SHELLEY**
STREET ADDRESS **4151 SKATES CIR**
CITY-ST-ZIP **FORT MYERS FL 33905**

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

TITLE **TD** ☐ Delete
NAME **SMITH, CYNDI**
STREET ADDRESS **17700 CALOOSA RD**
CITY-ST-ZIP **ALVA FL 33920**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jeff Tusean

1/12/03 239 728 2564

CR2E037 (10/02)