

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004862

1. Entity Name

VINEYARDS ELEMENTARY PTA, INC.

FILED

Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90104 016 ****61.25

Principal Place of Business

Mailing Address

6225 ARBOR BLVD WEST
NAPLES FL 34119

6225 ARBOR BLVD WEST
NAPLES FL 34119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1155227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPANIO, ROBERT
6225 ARBOR BLVD WEST
NAPLES FL 34119

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 D ☒ Delete
NAME LANGDON, TAMMY L
STREET ADDRESS 263 SILVERADO DRIVE
CITY-ST-ZIP NAPLES FL 34119

TITLE D ☒ Change ☒ Addition
NAME Mango, Carol
STREET ADDRESS 3715 Guadalupe Court
CITY-ST-ZIP Naples FL 34109

TITLE D ☐ Delete
NAME MCNAMARA, LISA A
STREET ADDRESS 296 MONTEREY DRIVE
CITY-ST-ZIP NAPLES FL 34119

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

TITLE D ☒ Delete
NAME GOTTSCHALK, SHIRLEY
STREET ADDRESS 248 MONTEREY DRIVE
CITY-ST-ZIP NAPLES FL 34119

TITLE D ☒ Change ☒ Addition
NAME Melissa Rooney
STREET ADDRESS 9585 Oxford St
CITY-ST-ZIP Naples FL 34109

TITLE D ☐ Delete
NAME SPANIO, ROBERT
STREET ADDRESS 6225 ARBOR BLVD WEST
CITY-ST-ZIP NAPLES FL 34119

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

TITLE D ☒ Delete
NAME MESSER, JAN
STREET ADDRESS 6225 ARBOR BLVD WEST
CITY-ST-ZIP NAPLES FL 34119

TITLE D ☒ Change ☒ Addition
NAME Kathy Moulton
STREET ADDRESS 294 Monterey Drive
CITY-ST-ZIP Naples FL 34119

TITLE D ☒ Delete
NAME JOHNSON, DIANE
STREET ADDRESS 5930 14TH AVE NW
CITY-ST-ZIP NAPLES FL 34120

TITLE D ☒ Change ☒ Addition
NAME Cyrrilla Wagner
STREET ADDRESS 206 Monterey Drive
CITY-ST-ZIP Naples FL 34119

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:

Carol Mango REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

941-354-2300

Daytime Phone #

CR2E037 (9/01)