

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90204 008 \*\*\*\*61.25

**DOCUMENT # N01000005286**

1. Entity Name

**PARENT TEACHER RESOURCE GROUP OF THE CHARTER SCHOOL OF EXCELLENCE, INC.**

Principal Place of Business

PO BOX 598  
 FT LAUDERDALE FL 33302-0598

Mailing Address

PO BOX 598  
 FT LAUDERDALE FL 33302-0598

37739

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

105-1124894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SIEGAL, JEROME R ESQUIRE  
 100 W CYPRESS CREEK RD, STE 930  
 FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

800 W CYPRESS CREEK RD  
 SE 502

City

LAUDERDALE

FL

Zip Code  
 33309

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 fee applicant.

(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	DP	<input checked="" type="checkbox"/> Delete
NAME	RIDGE, MICHELLE	
STREET ADDRESS	PO BOX 598	
CITY-ST-ZIP	FT LAUDERDALE FL 33302-0598	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WHITEHOUSE, JAMIE	
STREET ADDRESS	PO BOX 598	
CITY-ST-ZIP	FT LAUDERDALE FL 33302-0598	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCRUDDERS, ROXANNE	
STREET ADDRESS	PO BOX 598	
CITY-ST-ZIP	FT LAUDERDALE FL 33302-0598	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PARSONS, CYNTHIA	
STREET ADDRESS	PO BOX 598	
CITY-ST-ZIP	FT LAUDERDALE FL 33302-0598	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebecca Carr	
STREET ADDRESS	PO Box 598	
CITY-ST-ZIP	Ft. Lauderdale, FL 33302-0598	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	medley, Vilma	
STREET ADDRESS	913 SW 1st ST	
CITY-ST-ZIP	Ft. Lauderdale FL 33315	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)