

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-13-2003 90209 047 ****61.25

DOCUMENT # N01000005636

1. Entity Name

**WATSON B. DUNCAN MIDDLE SCHOOL PARENT TEACHER OR
GANIZATION, INC.**



Principal Place of Business

Mailing Address

**5150 117TH COURT NORTH
PALM BEACH GARDENS FL 33418**

**5150 117TH COURT NORTH
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1135175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPITZIG, CODY
99 SANDBOURNE LANE
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name

JOANNE EPTER

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

16286 MELLE LANE

City

JUPITER

FL

Zip Code

33478

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

JOANNE EPTER, PRESIDENT 2/10/03

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

TITLE	P	☐ Delete
NAME	SPITZIG, CODY	
STREET ADDRESS	99 SANDBOURNE LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE	VP	☐ Delete
NAME	EPTER, JOANNE	
STREET ADDRESS	16286 MELLE LANE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	VP	☐ Delete
NAME	EPTER, JACK	
STREET ADDRESS	16286 MELLE LANE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	SD	☐ Delete
NAME	BEALLMONT, RUTH	
STREET ADDRESS	6051 MICHAEL SR	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	TD	☐ Delete
NAME	LARKIN, SARA	
STREET ADDRESS	8175 NEEDLES DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE	TD	☐ Delete
NAME	SPARKS, CHRIS	
STREET ADDRESS	2433 24TH LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	JOANNE EPTER	
STREET ADDRESS	16286 MELLE LANE	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	JENNY GIAMBAGNO	
STREET ADDRESS	12076 165TH AVE N	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	☒ Change ☐ Addition
NAME	DAWN BOYCE	
STREET ADDRESS	17375 DOGWOOD TR	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	K-12 TEACHER REPRESENTATIVE/DIRECTOR	☒ Change ☐ Addition
NAME	KIM WITHERS	
STREET ADDRESS	15843 116TH TERR N	
CITY-ST-ZIP	JUPITER, FL 33478	

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

JOANNE EPTER, PRES, 2/10/03

561-743-875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)