

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000006168

1. Entity Name

MANATEE SCHOOL FOR THE ARTS PTO, INC.

FILED

Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90349 002 ****61.25

Principal Place of Business

Mailing Address

908 26TH AVENUE, WEST
PALMETTO FL 34221

908 26TH AVENUE, WEST
PALMETTO FL 34221

2. Principal Place of Business

3. Mailing Address

700 Haben Blvd.

700 Haben Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

CURPHEY, WILLIAM E
2605 ENTERPRISE ROAD EAST
CLEARWATER FL 33759

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLINGHAM, PAT
908 26TH AVENUE, WEST
PALMETTO FL 34221 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Blews, Pete
700 Haben Blvd.
Palmetto, FL 34221 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLINGHAM, PAM
908 26TH AVENUE, WEST
PALMETTO FL 34221 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Marble, Robert
700 Haben Blvd.
Palmetto, FL 34221 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUNT, CAROL
908 30TH AVENUE, WEST
PALMETTO FL 34221 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Roberts, Teri
700 Haben Blvd.
Palmetto, FL 34221 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, KAREN
604 16TH AVENUE, WEST
PALMETTO FL 34221 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, BILL DR.
700 HABEN BLVD.
PALMETTO FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02

Date

941-721-6800

Daytime Phone #

CR2E037 (9/01)