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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 22 AM 8:00

DOCUMENT # N02000000748

1. Entity Name
J.W. MITCHELL HIGH SCHOOL CADET PARENT ORGANIZATION, INC.

Principal Place of Business	Mailing Address
2323 LITTLE RD PORT RICHEY, FL 34683	2323 LITTLE RD PORT RICHEY, FL 34683

X CHECK HERE IF MAKING CHANGES MRS

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State: New Port Richey, FL
Zip: 34655 Country: Pasco	Zip: 34655 Country: Pasco

4. FEI Number 71-0865588 ☐ 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
WEAVER, MICHAEL 206 LAGOON DR PALM HARBOR, FL 34683	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 Michael Jay Weaver Michael J Weaver 09-17-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TARTAGLIA, ANTHONY M 3403 CHAUNCY RD HOLIDAY, FL 34691	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Holly Brower 1342 Wild Pine Court New Port Richey, FL 34655 ☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BIELAWA, TRICIA 7252 RIVERBANK DR NEW PORT RICHEY, FL 34655	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Angela Lamarca 1238 Mandarin Drive Holiday, FL 34691 ☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS TARTAGLIA, MELISSA A 3403 CHAUNCY RD HOLIDAY, FL 34691	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Arndrea Laporte 6435 Drake New Port Richey, FL 34652 ☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DAILEY, PATTI M 6875 SAN JOSE LOOP NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP 300032418219 03/22/03--01089--020 **61.25 X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, MICHAEL 206 LAGOON DR PALM HARBOR, FL 34683	☐ 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

CR2E037 (10/02)

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: Patti M Dailey 09-17-03 (727)774-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #