

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000009042

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** ROWLETT PARENT TEACHER ORGANAZATION, INC.

**Current Principal Place of Business:**

3500 9TH STREET EAST  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

3500 9TH STREET EAST  
BRADENTON, FL 34208

**New Mailing Address:**

**FEI Number:** 65-1045921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROBINSON, SAMANTHA  
7207 PINE VALLEY STREET  
BRADENTON, FL 34202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROBINSON, SAMANTHA  
Address: 3500 9TH STREET EAST  
City-St-Zip: BRADENTON, FL 34208

Title: VD ( ) Delete  
Name: PHIPPS, MICHELLE  
Address: 3500 9TH STREET EAST  
City-St-Zip: BRADENTON, FL 34208

Title: TD ( ) Delete  
Name: SALCIDO, YESIKA  
Address: 3500 9TH STREET EAST  
City-St-Zip: BRADENTON, FL 34208

Title: SD ( ) Delete  
Name: WALTERS, CHRISTY  
Address: 3500 9TH STREET EAST  
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete  
Name: HURLEY, TRACY  
Address: 3500 9TH STREET EAST  
City-St-Zip: BRADENTON, FL 34208

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMANTHA ROBINSON

PD

04/30/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date