4

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

04-20-2001 90184 038 ****61.25

DOCUMENT # N07181

1. Entity Name

ENGLEWOOD ELEMENTARY PARENT TEACHER ORGANIZATION

Principal Place of Business	Mailing Address
% ROBERT A DICKINSON 460 S INDIANA AVE ENGLEWOOD FL 34223-3702 US	% ROBERT A DICKINSON 460 S INDIANA AVE ENGLEWOOD FL 34223-3702 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-2344281 — 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
DICKINSON, ROBERT A 460 S INDIANA AVE ENGLEWOOD FL 34223	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	PD BREWER, VICKI 335 N. OXFORD DR. ENGLEWOOD FL 34223 ☑ Delete	TITLE D NAME President STREET ADDRESS Lynn Wagensejl CITY-ST-ZIP 195 Winson Ave. Englewood, FL. 34223 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRISON, BETH 386 FIRELORN AVE ENGLEWOOD FL 34223 ☐ Delete	TITLE D NAME STREET ADDRESS 386 Firethorn Ave. CITY-ST-ZIP ☑ Change ☐ Addition spelling correction	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WAGENSSIL, LYNN 195 WINSON AVENUE ENGLEWOOD FL 34223 ☑ Delete	TITLE D NAME Kimi Evans, Secretary STREET ADDRESS 8573 Herbison Ave. CITY-ST-ZIP North Port, FL. 34287 ☐ Change ☑ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	

CR2E037 (10/00)

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: BEA KOSTER REQUIRED — 4/13/01 — 941-486-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #