

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07181

1. Entity Name

ENGLEWOOD ELEMENTARY PARENT TEACHER ORGANIZATION, INC.

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

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 D  
NAME HARRISON, BETH  
STREET ADDRESS 386 FIRETHORN AVE  
CITY-ST-ZIP ENGLEWOOD FL 34223 ☒ Delete

TITLE D  
NAME Stern, LeAnn  
STREET ADDRESS 720 Orchard Lane  
CITY-ST-ZIP Englewood, FL 34223 ☒ Change ☐ Addition

TITLE DP  
NAME WAGENSEIL, LYNN  
STREET ADDRESS 195 WILSON AVE  
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS  
NAME EVANS, KIMI  
STREET ADDRESS 8573 HERBISON AVE  
CITY-ST-ZIP NORTH PORT FL 34287 ☐ 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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91516 005 \*\*\*\*61.25

104001



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)