

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08307

1. Entity Name

POINCIANA-ELEMENTARY SCHOOL PARENT TEACHER ORGAN

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90010 012 ****61.25

Principal Place of Business

Mailing Address

2825 AIRPORT RD
NAPLES FL 34105
US

4501 TAMiami TR N
STE 300
NAPLES FL 34103-3023

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NAPLES LAWDOK, INC.
4501 N TAMiami TR
STE 300
NAPLES FL 34103

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	TD	<input type="checkbox"/> Delete
NAME	MAGIERA, SHARON	
STREET ADDRESS	745 COLD STREAM COURT	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORTON, LISA	
STREET ADDRESS	2233 CLIPPER WAY	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GALLUP, DENISE	
STREET ADDRESS	2500 10TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONNOT, BARB	
STREET ADDRESS	2425 KINGS LAKE BLVD.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WALTER, KIM	
STREET ADDRESS	1430 VINTAGE LANE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jayne L. Meier	
STREET ADDRESS	2218 Poinciana Dr	
CITY-ST-ZIP	Naples, FL 34105	
TITLE	Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Morton	
STREET ADDRESS	2233 Clipper Way	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eusan Westley	
STREET ADDRESS	5930 Via Lugano #301	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	2nd VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Malinda Oliver	
STREET ADDRESS	6778 Bernick Pl	
CITY-ST-ZIP	Naples FL 34104	
TITLE	3rd VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monique Nield	
STREET ADDRESS	2790 Ardisia Ln.	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	1st VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORENCE Pontes	
STREET ADDRESS	3307 Santiago Way	
CITY-ST-ZIP	Naples, FL 34105	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00 941-434-7527
Date Daytime Phone #

CR2E037 (9/99)