

2002 UNIFORM BUSINESS REPORT (UBR)

0014481

DOCUMENT # N08307

1. Entity Name

POINCIANA ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INC.

FILED

02 SEP 16 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05/28/02 91514 008 \$61.25

Principal Place of Business

Mailing Address

2825 AIRPORT RD
NAPLES FL 34105
US

4501 TAMiami TR N
STE 300
NAPLES FL 33940

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

35-2171197

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

NAPLES LAWDOCK, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 ☒ Delete
NAME T
STREET ADDRESS MEINERT, JAYNE L
CITY-ST-ZIP 2218 POINCIANA DR
NAPLES FL 34105

TITLE ☒ Change ☐ Addition
NAME PRESIDENT P/D
STREET ADDRESS Kathy Alajajian
CITY-ST-ZIP 3413 Poinciana Street
Naples, Florida 34105

TITLE ☒ Delete
NAME PD
STREET ADDRESS MORTON, LISA
CITY-ST-ZIP 2233 CLIPPER WAY
NAPLES FL 34104

TITLE ☒ Change ☐ Addition
NAME IVP V/D
STREET ADDRESS Jeannie Ogden
CITY-ST-ZIP 2913 66th Street SW
Naples, Florida 34105

TITLE ☒ Delete
NAME SD
STREET ADDRESS WESTLEY, SUSAN
CITY-ST-ZIP 5930 VIA LUGANO #301
NAPLES FL 34108

TITLE ☒ Change ☐ Addition
NAME 2VP V/D
STREET ADDRESS Barbara Monnot
CITY-ST-ZIP 2425 Kings Lake Blvd
Naples, Florida 34112

TITLE ☒ Delete
NAME 2VP
STREET ADDRESS OLIVER, MAINDA
CITY-ST-ZIP 6778 BERWICK PL
NAPLES FL 34104

TITLE ☒ Change ☐ Addition
NAME Treasurer T/D
STREET ADDRESS Sharon Magiera
CITY-ST-ZIP 745 Coldstream Court
Naples, Florida 34104

TITLE ☒ Delete
NAME VD
STREET ADDRESS WALTER, KIM
CITY-ST-ZIP 1430 VINTAGE LANE
NAPLES FL 34104

TITLE ☒ Change ☐ Addition
NAME S/D
STREET ADDRESS Vicki Hoover
CITY-ST-ZIP 2728 Clipper Way
Naples, Florida 34104

TITLE ☒ Delete
NAME 3VP
STREET ADDRESS NICEL, HONIQUE
CITY-ST-ZIP 2790 ARDISIA LN
NAPLES FL 34109

TITLE ☒ Change ☐ Addition
NAME Faculty Representative D
STREET ADDRESS Janet Meerpohl
CITY-ST-ZIP 6170 Cypress Hollow Way
Naples, Florida 34109

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

8/20/02

CR2E037 (4/02)