

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14237

1. Entity Name

CYPRESS ELEMENTARY P.T.O., INC.

FILED

Jun 22, 2000 8:00 am
Secretary of State

06-22-2000 90002 044 ****61.25

Principal Place of Business

10055 SWEET BAY CT
NEW PORT RICHEY FL 34654
US

Mailing Address

C/O PTO PRESIDENT
10055 SWEET BAY CT
NEW PORT RICHEY FL 34654-5701
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

59-6000792

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

FLETCHER, HELENA V
10055 SWEET BAY CT
NEW PORT RICHEY FL 34654

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 *Helena V Fletcher* Helena Fletcher

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 MD ☐ Delete
NAME FLETCHER, HELENA V
STREET ADDRESS 10055 SWEET BAY CT
CITY-ST-ZIP NEW PORT RICHEY FL 34654-5701

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

TITLE PD ☐ Delete
NAME POSTME TAMMY
STREET ADDRESS 10055 SWEET BAY CT
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☐ Change ☐ Addition
NAME Postma, Tammy
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME PARKER, SHERRI
STREET ADDRESS 10055 SWEET BAY CT
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE TD ☐ Delete
NAME JACOBSEN, CATHY
STREET ADDRESS 10055 SWEET BAY CT
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 lists empowered.

SIGNATURE:

Helena V Fletcher HELENA V FLETCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727

774-4522

CR21 017 (1/93)