

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90197 013 ***122.50

973337



DO NOT WRITE IN THIS SPACE

DOCUMENT # N14237

1. Entity Name ✓

CYPRESS ELEMENTARY P.T.O., INC.

Principal Place of Business	Mailing Address
10055 SWEET BAY CT NEW PORT RICHEY FL 34654 US	C/O PTO PRESIDENT 10055 SWEET BAY CT NEW PORT RICHEY FL 34654 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-6000792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 Helena V Fletcher Helena V Fletcher 8-1-02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD FLETCHER, HELENA V 10055 SWEET BAY COURT NEW PORT RICHEY FL 34654-5701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POSTMA TAMMY 10055 SWEET BAY CT NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, SHERRI 10055 SWEET BAY CT NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOBSEN, CATHY 10055 SWEET BAY CT NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
PD Kim Kuhn 10055 Sweet Bay Court New Port Richey, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
Vice PD Elmora Dumphy 10055 Sweet Bay Court New Port Richey, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
Sec. Roxie Spell 10055 Sweet Bay Court New Port Richey, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
Debra Burd (Volunteer) 10055 Sweet Bay Court New Port Richey, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 Statute. 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: Helena V Fletcher **REQUIRED** 8-1-02 727-774-4522

CR2E037 (4/02)

Attachment

DISTRICT SCHOOL BOARD OF PASCO COUNTY
AUTHORIZATION FOR PURCHASE FROM INTERNAL ACCOUNTS
CHECK REQUISITION/PURCHASE ORDER REQUEST
(Sales Tax Exempt #61-00-026783-57C)

MIS Form #172
Rev. 3/00

973337

Vendor:
Florida Dept of State
Division of Corporations
PO Box 16327
Tallahassee, FL 32314

Ship invoice and materials to:
Cypress Elementary
10055 Sweet Bay Court
New Port Richey, FL 34654
727-774-4522

N14237
P.O. # 00052240
Date: 8-1-02
Ordered by: Fletcher
Dept: PTO
Date needed: 8-5-02
Ship via: Best way

Fax number: _____
Nape School
Approved by Principal

Funds requested for: Corporations fee

Disposition:

☐ Reimbursement ☐ Bill school account ☒ Payment included
☐ Other (explain) _____

This order not to exceed 125.00

Teacher Signature _____

If the actual payout amount exceeds the approved purchase order amount by more than 5%, the higher amount must be approved by the principal prior to payment.

Dept. Head Signature _____

INSTRUCTIONS TO VENDOR:

This form must be signed by the school principal.

Quantity Requested	Bid or Catalog No.	Description	Unit Price	Total Cost
1		Fees - 2001 - 2002		61.25
1		Fees 2002 - 2003		61.25
				122.50
				TOTAL

FUND	COST CENTER	PROJECT	OBJECT	FUNCTION	SUB-PROGRAM	GENERAL LEDGER
8010101900201309800					0000	

Acknowledgement of receipt of goods or services:

All goods or services under this order were received in good condition on ____/____/____ By: _____

DISTRIBUTION: Original - Vendor: Canary - Bookkeeper: Pink - Originator

Signed