

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90129 004 ****61.25

DOCUMENT # N20838

1. Entity Name

LEESBURG HIGH SCHOOL CHORAL PARENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% KARYL ELTON
 1401 WEST MEADOWS DRIVE
 LEESBURG FL 34748-5643

% KARYL ELTON
 1401 WEST MEADOWS DRIVE
 LEESBURG FL 34748-5643

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

NOT APPLICABLE

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

ELTON, KARYL
1401 WEST MEADOWS DRIVE
LEESBURG FL 32748

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 PD ☒ Delete
 NAME FARNER, TERRY ANNE
 STREET ADDRESS 4181 LAKE ELEANOR DR
 CITY-ST-ZIP MOUNT DORA FL 32757

TITLE PD ☒ Change ☐ Addition
 NAME Stoer, martina S.
 STREET ADDRESS 3335 Coventry Dr.
 CITY-ST-ZIP Leesburg, FL 34788

TITLE VD ☒ Delete
 NAME GINN, SANDRA
 STREET ADDRESS 3711 STEPHEN RD
 CITY-ST-ZIP LADY LAKE FL 32159

TITLE VD ☒ Change ☐ Addition
 NAME JERKINS, TAMMY
 STREET ADDRESS 4321 SERENE CIRCLE
 CITY-ST-ZIP FRUITLAND PK, FL 34731

TITLE SD ☒ Delete
 NAME COLE, MONA
 STREET ADDRESS 04149 BLAIR AVE
 CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE SD ☒ Change ☐ Addition
 NAME EVERSON TERI
 STREET ADDRESS 1600 STAFFORD RD.
 CITY-ST-ZIP LEESBURG, FL 34748

TITLE T ☒ Delete
 NAME CARTER POSSEE, DEBRA
 STREET ADDRESS 807 HICKORY AVE
 CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE T ☒ Change ☐ Addition
 NAME ROBINSON, PEGGY A.
 STREET ADDRESS 36945 SICK CREST BLVD
 CITY-ST-ZIP FRUITLAND PK, FL 34731

TITLE D ☐ Delete
 NAME MCDANIEL, CHARLES
 STREET ADDRESS 1401 W. MEADOW DRIVE
 CITY-ST-ZIP LEESBURG FL 34748

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

TITLE D ☐ Delete
 NAME ELTON, KARYL
 STREET ADDRESS 1401 WEST MEADOWS DRIVE
 CITY-ST-ZIP LEESBURG FL

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 like empowered.

SIGNATURE:

Peggy A. Robinson

9/3/02 (352)326-5981

CR2E037 (4/02)