

# 2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22100

1. Entity Name

PARENT-TEACHERS ORGANIZATION OF BOB SIKES ELEMEN

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90013 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

BOB SIKES ELEMENTARY SCHOOL  
425 ADAMS DRIVE  
CRESTVIEW FL 32536  
US

BOWEN, GLENN J  
425 ADAMS DRIVE  
CRESTVIEW FL 32536-1605  
US

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

BOWEN, J. GLENN  
425 ADAMS DR  
CRESTVIEW FL 32536

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 DP  
NAME ESINGER, NATALIE  
STREET ADDRESS 1225 JEFFREYSCOT DR  
CITY-ST-ZIP CRESTVIEW FL 32539 ☒ Delete

TITLE DP  
NAME WINGO, JOHN  
STREET ADDRESS 152 JONES RD.  
CITY-ST-ZIP CRESTVIEW, FL. 32536 ☒ Change ☐ Addition

TITLE DV  
NAME GATLIN, TINA  
STREET ADDRESS 4408 POVERTY CREEK RD  
CITY-ST-ZIP CRESTVIEW FL 32539 ☒ Delete

TITLE DV  
NAME MOODY, ROBIN  
STREET ADDRESS 125 JACOB DR.  
CITY-ST-ZIP CRESTVIEW, FL. 32536 ☒ Change ☐ Addition

TITLE D  
NAME BOWEN, J. GLENN  
STREET ADDRESS 2883 SILVER HILL RD  
CITY-ST-ZIP CRESTVIEW FL ☐ Delete

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

TITLE DT  
NAME STANLEY, DELORES  
STREET ADDRESS 6363 BETHANY DR  
CITY-ST-ZIP CRESTVIEW FL 32539 ☐ Delete

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

TITLE DS  
NAME DURAN, DONNA  
STREET ADDRESS 5737 WILDWOOD ROAD  
CITY-ST-ZIP CRESTVIEW FL 3 ☒ Delete

TITLE DS  
NAME WATERS, MARIE  
STREET ADDRESS 3321 BROADVIEW DR  
CITY-ST-ZIP CRESTVIEW, FL. 32539 ☒ Change ☐ Addition

TITLE DP  
NAME TOWNLEY, CECIL  
STREET ADDRESS 5771 WILDWOOD RD.  
CITY-ST-ZIP CRESTVIEW FL 32536 ☒ Delete

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

*Donna Duran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)