

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22100

1. Entity Name

PARENT-TEACHERS ORGANIZATION OF BOB SIKES ELEMEN

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90096 043 ****61.25

Principal Place of Business

BOB SIKES ELEMENTARY SCHOOL
425 ADAMS DRIVE
CRESTVIEW FL 32536
US

Mailing Address

BOWEN, GLENN J
425 ADAMS DRIVE
CRESTVIEW FL 32536
US

2. Principal Place of Business

Bob Sikes Elementary School

3. Mailing Address

Carol Grandstaff

Suite, Apt. #, etc.

425 ADAMS Drive

Suite, Apt. #, etc.

425 ADAMS Drive

City & State

Crestview, FL

City & State

Crestview FL

Zip

32536

Country

US

Zip

32536

Country

US

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

BOWEN, J. GLENN
425 ADAMS DR
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

Name Carol Grandstaff

Street Address (P.O. Box Number is Not Acceptable)

425 ADAMS DRIVE

City

Crestview

FL

Zip Code

32536

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

Carol Grandstaff 1/10/01

Signature, typed or printed name of registered agent acceptable 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ESLINGER, NATALIE	
STREET ADDRESS	1225 JEFFREYSCOT DR	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GATLIN, TINA	
STREET ADDRESS	4408 POVERTY CREEK RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWEN, J. GLENN	
STREET ADDRESS	2883 SILVER HILL RD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, DELORES	
STREET ADDRESS	6363 BETHANY DR	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DURAN, DONNA	
STREET ADDRESS	5737 WILDWOOD ROAD	
CITY-ST-ZIP	CRESTVIEW FL 3	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	TOWNLEY, CECIL	
STREET ADDRESS	5771 WILDWOOD RD.	
CITY-ST-ZIP	CRESTVIEW FL 32536	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLORES Stanley	
STREET ADDRESS	6363 Bethany Drive	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robbin moody	
STREET ADDRESS	125 Jacob Dr.	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Alley	
STREET ADDRESS	6494 HWY 85 NORTH	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Liz Donahay	
STREET ADDRESS	5863 Hunting Meadows Drive	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Deborah Stanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2001

Date

850 689-3194

Daytime Phone #

0018149

CR2E037 (10/00)