

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90259 013 *****61.25

DOCUMENT # N22100

1. Entity Name

PARENT-TEACHERS ORGANIZATION OF BOB SIKES ELEMENTARY SCHOOL, INC.

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

3. Mailing Address

Walthall, Beth

Suite, Apt. #, etc.

Suite, Apt. #, etc.

425 Adams Drive

City & State

City & State

Crestview FL

Zip

Country

Zip

Country

32536

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANDSTAFF, CAROL
 425 ADAMS DR
 CRESTVIEW FL 32536**

Name

Walthall, Beth

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

425 Adams Dr

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

Gladys G. Walthall

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/02

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

TITLE **DP** ☒ Change ☐ Addition
 NAME **Stanley, Dolores**
 STREET ADDRESS **6363 Bethany Dr**
 CITY-ST-ZIP **Crestview FL 32536**

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

TITLE **DV** ☒ Change ☐ Addition
 NAME **Kurpil, Sheila**
 STREET ADDRESS **158 Nun Drive**
 CITY-ST-ZIP **Crestview FL 32536**

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

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

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

TITLE **DT** ☒ Change ☐ Addition
 NAME **Attey, Terry**
 STREET ADDRESS **6494 Hwy 85N**
 CITY-ST-ZIP **Crestview FL 32536**

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

TITLE **DS** ☒ Change ☐ Addition
 NAME **Kosky, Kathie**
 STREET ADDRESS **124 Twin Oaks Dr**
 CITY-ST-ZIP **Crestview FL 32536**

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

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:

SIGNATURE REQUIRED

1-9-02 850-682-7158

CR2E037 (9/01)