2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30276

10.

TITLE



Mar 10, 2003 8:00 am & Secretary of State .76 001 ****61.25

FILED

RIVERSIDE ELEMENTARY SCHOOL PARENT TEACHER ORGAN IZATION, INC.				03-10-2003 9	0176 (001 ***	**61.25	
Principal Place of Business 11450 RIVERSIDE DR. CORAL SPRINGS FL 33071		Mailing Address 11450 RIVERSIDE DR. CORAL SPRINGS FL 33	-					
2. Principal Place of Business		3. Mailing Address		CHECK HERE IF MAKING CHANGES				
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State	-		4. FEI Number 59-2725165		-	Applied Fo
Zip -	Country	Zip	Coun	try	5. Certificate of Status Desired			5 Additional equired
6.	Name and Address of Cu	rrent Registered Agent			7. Name and Address of New Re	gistere	d Agent	
KROHN, BARRY 110 TOWER, SUITE 1508 110 SE 6TH STREET FT. LAUDERDALE FL 33301				Street Address (P.O. Box Number is Not Acceptable) City				

				{	./! 	ATT BIADI BIBLI	 		
2. Principal	Place of Business	3. Mailing Address							
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State C		City & State		4. FEI Number 59-2725	4. FEI Number 59-2725165 Applied				
Zip	Country	Zip	Country	5. Certificate of Status Des	ired 🔲	\$8.75 A Fee Requi			
	6. Name and Address of Curre	nt Registered Agent	1947 - A P. F. W. March	7. Name and Address of I	Jew Registered				
	· · · · · · · · · · · · · · · · · · ·		Name		icu riogiatereu	Agent			
KROHN,	BARRY		(
-	VER, SUITE 1508		Street Addi	ress (P.O. Box Number is Not Acce	otable)		·		
	6TH STREET		<u> </u>						
	DERDALE FL 33301								
i ii Diol	DENDALL I C 3330 ;		City	-		Zip Co	de		
					FL	- 1			
the obliga	e named entity submits this statement	for the purpose of changing	its registered office or reg	gistered agent, or both, in the State	of Florida. I am	familiar with	n, and accept		
the obliga	ations of registered agent.						,		
	. %			•					
SIGNATURE									
•	Signature, typed or printed name of registered age	nt and title if applicable. (No	OTE: Registered Agent signature re	equired when reinstating)	DATE				
81			_						
9 1 75	FILE NOW: FEE IS \$61.25	9. Election C	ampaign Financing	#F 00	Males Obses	la Danisa Isla			
FILE NOW: FEE IS \$61.25		Trust Fund	Contribution.	\$5.00 May Be Added to Fees	Make Check	k Payable	to		
• • •	•			Added to Fees	lorida Depar	tment of	State		
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICEDO AND DU	DEGTOROL	 		
TITLE	DP	Delete	TITLE D	D ADDITIONS/CHANGES TO OF	FICERS AND DI				
NAME	POULOS, EILEEN L	LEI Delete	NAME V	Maria Pattount		☐ Change	Addition		
STREET ADDRESS	225 NW 118 TR		STREET ADDRESS	alerie Pottruck 64 NW 107th Ave.					
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY OF ZID	A NW 10 1. Ave.	024-1		-		
TITLE	IDP				33071				
-	SCNEIDER, PRISCILLA	Delete	TITLE DI	VP		☐ Change	Addition		
NAME	-		NAME \	lancy 6lickman			[
STREET ADDRESS	263 NW 107 TR			12 NW 9314 Te	CCACI				
CITY-ST-ZIP _	CORAL SPRINGS FL-33071	بالمنتهد والمراج بالمراج فيسان المستحد	- a CITY-ST-ZIP	0.001 6.00 000	2 2 2 2 2				

NAME	POULOS, EILEEN L	LEI Delete	NAME	Valerie Pottruck	☐ Change	∠ Addition
STREET ADDRESS	225 NW 118 TR		STREET ADDRESS	464 NW 107+ Ave.		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	Coral Sorings, FL 33071		
TITLE	DP	Delete	TITLE	DVP	Change	Addition
NAME	SCNEIDER, PRISCILLA	_ 20/0.0	NAME	Nancy 61.ckman	□ Change	Audition
STREET ADDRESS	- · · · · · · · · · · · · · · · · · ·		STREET ADDRESS	172 NW 93rd Terrace		
- CITY-ST-ZIP _	CORAL SPRINGS FL-3307.1		-CITY-ST-ZIP	Coral Springs, Ft 33071	~=-	
TITLE	DT	Delete	TITLE	DT DT	☐ Change	Addition
NAME	KAPLAS, CHARLOTTE		NAME	Ban Allenat	☐ change	Addition (
STREET ADDRESS	12001 NW 1 ST		STREET ADDRESS	11433 NW 1 S+ PL.		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	Coral Springs, FL 33071		·
TITLE	DVP	☐ Delete	TITLE	DP	Change	Addition
NAME	BELABIN, DAWN		NAME * ~	Bawn Belabin	U Onlange	
STREET ADDRESS	700 NW 99TH TERRACE		STREET ADDRESS	5339 NW 1087 Way		ł
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	Coral Springs, FL 3306	,	}
TITLE		Delete	TITLE	7),12 3000	☐ Change	Addition
NAME			NAME		onango	
STREET ADDRESS			STREET ADDRESS			1
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			NAME		onlings	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-Z!P			1

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

SIGNATURE:

954-752-8181