

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90204 022 ****61.25

DOCUMENT # N41320

1. Entity Name

BRANDON ACADEMY PTO, INC.

Principal Place of Business

Mailing Address

**801 LIMONA ROAD
 BRANDON FL 33510-2830**

**801 LIMONA ROAD
 BRANDON FL 33510-2830**

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

59-3044653

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

**CURRY & ASSOCIATES, P.A.
 420 W. BRANDON BOULEVARD
 BRANDON FL 33511**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 SUNDERLAND, VICTORIA
 3322 CYPRESS LANDING DR
 VALRICO FL 33594** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Susan Grinnell
 602 Tomahawk Tr.
 Brandon, FL 33511** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 BAVEC, SHERRIE
 3327 CYPRESS LANDING DRIVE
 VALRICO FL 33594** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Brenda Terhuy
 1509 Grand Isle Drive
 Brandon, FL 33511** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 WOLFE, MERINDA
 149 BARRINGTON DR
 BRANDON FL 33511** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 COHEN, ELIZABETH
 3903 HALLOAK CT
 VALRICO FL 33594** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Jan Greene
 1705 Cottageside Court
 Brandon, FL 33510** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01

CR2E037 (10/00)