

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90018 035 ****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

4. FEI Number

59-3044653

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

**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 **DP** ☐ Delete
 NAME **GRINNELL, SUSAN**
 STREET ADDRESS **602 TOMAHAWK TR**
 CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE **VD** ☒ Delete
 NAME **TERIHAY, BRENDA**
 STREET ADDRESS **1509 GRAND ISLE DRIVE**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **Michelle Taylor VD** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **5804 Bent Grass Drive**
 CITY-ST-ZIP **Valrico FL 33594**

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

TITLE **Merinda Wolfe TD** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **149 Barrington Drive**
 CITY-ST-ZIP **Brandon FL 33511**

TITLE **SD** ☒ Delete
 NAME **GREENE, JAN**
 STREET ADDRESS **1705 COTTAGESIDE COURT**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **Laurinda City SD** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **2302 Valrico Forest Drive**
 CITY-ST-ZIP **Valrico FL 33594**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Merinda Wolfe
 Treasurer

Date

Daytime Phone #

4-18-02

813-684-0079

CR2E037 (9/01)