

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90203 027 \*\*\*\*\*61.25

0002189

**DOCUMENT # N41320**

1. Entity Name

**BRANDON ACADEMY PTO, INC.**



Principal Place of Business

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

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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

TITLE **VD** ☒ Delete  
NAME **TAYLOR, MICHELLE**  
STREET ADDRESS **5804 BENT GRASS DRIVE**  
CITY-ST-ZIP **VALRICO FL 33594**

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

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

TITLE **TD** ☐ Change ☒ Addition  
NAME **Lisa Gonzalez**  
STREET ADDRESS **2216 Briana Drive**  
CITY-ST-ZIP **Brandon FL 33511**

TITLE **SD** ☐ Delete  
NAME **CITTY, LAURINDA**  
STREET ADDRESS **2302 VALRICO FOREST DRIVE**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **SD** ☐ Change ☐ Addition  
NAME **Laurinda City**  
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

Date

Daytime Phone #

CR2E037 (10/02)