

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43094

1. Entity Name

SOUTHSIDE FUNDAMENTAL MIDDLE SCHOOL PARENT/TEACH

Principal Place of Business

1701 10TH STREET SOUTH
ST. PETERSBURG FL 33705

Mailing Address

1701 10TH STREET SOUTH
ST. PETERSBURG FL 33705-2547

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

23-7628083

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

JONES, TOM D
1701 10TH ST S
ST. PETERSBURG FL 33705

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's 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 PD
NAME NEVILLE, SUSAN
STREET ADDRESS 2160 FAIRWAY AVE SO
CITY-ST-ZIP SAINT PETERSBURG FL 33712 ☐ Delete

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

TITLE SD
NAME REIDY, BILL
STREET ADDRESS 4300 OVERLOOK DR. NE
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE TD
NAME NEVILLE, SUSAN
STREET ADDRESS 2160 FAIRWAY AVE S
CITY-ST-ZIP ST. PETERSBURG FL 33712 ☒ Delete

TITLE Treasurer
NAME Wenda Kerns
STREET ADDRESS 871 16th Ave N
CITY-ST-ZIP St. Petersburg FL 33704 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Vice President
NAME Catherine Kemp
STREET ADDRESS 7401 13 Ave N
CITY-ST-ZIP St Petersburg FL 33710 ☐ 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:

Wenda Kerns REQUIRE WENDA KERNS

1/11/00

(727)323-5017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)