

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45602

1. Entity Name

COLUMBIA ELEMENTARY SCHOOL PTA INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90094 018 ****61.25

Principal Place of Business

Mailing Address

650 COLUMBIA SCHOOL RD
ORLANDO FL 32833

650 COLUMBIA SCHOOL RD
ORLANDO FL 32833-2779

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

23-7106547

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

JACKSON, MARLENE
650 COLUMBIA SCHOOL RD
ORLANDO FL 32833

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 PD ☒ Delete
NAME JOHNSON, JOANNE
STREET ADDRESS 3906 SUNNBROOK CT
CITY-ST-ZIP ORLANDO FL 32820

TITLE VPD ☐ Change ☒ Addition
NAME SUSAN HAINES
STREET ADDRESS 17000 PICKETTS COVE ROAD
CITY-ST-ZIP Orlando, FL 32820

TITLE VPD ☐ Delete
NAME MCCULLEY, CAROLYN
STREET ADDRESS 20850 NEWBY ST
CITY-ST-ZIP ORLANDO FL 32823

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

TITLE TD ☐ Delete
NAME LONERGAN, ALISON
STREET ADDRESS 4123 SUNNYBROOK CT
CITY-ST-ZIP ORLANDO FL 32820

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

TITLE SD ☐ Delete
NAME PEARL, DIANE
STREET ADDRESS 2305 BAKER AVENUE
CITY-ST-ZIP ORLANDO FL 32833

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

TITLE D ☐ Delete
NAME JACKSON, MARLENE
STREET ADDRESS 650 COLUMBIA SCHOOL RD
CITY-ST-ZIP ORLANDO FL 32833

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:

ALISON LONERGAN **ALISON V. LONERGAN** 1/20/2000 407-568-5820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)