

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N45602**

1. Entity Name

COLUMBIA ELEMENTARY SCHOOL PTA INC.**FILED****Feb 17, 2002 8:00 am**
Secretary of State

02-17-2002 90052 017 ****61.25

Principal Place of Business

Mailing Address

**650 COLUMBIA SCHOOL RD
ORLANDO FL 32833****650 COLUMBIA SCHOOL RD
ORLANDO FL 32833****00023000**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7106547

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

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 \$61.259. 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	<input checked="" type="checkbox"/> Delete
NAME	MCCULLEY, CAROLYN	
STREET ADDRESS	20650 NEWBY ST	
CITY-ST-ZIP	ORLANDO FL 32823	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTI FRANZ	
STREET ADDRESS	20854 NETTLETON	
CITY-ST-ZIP	ORLANDO, FL 32833	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LONERGAN, ALISON	
STREET ADDRESS	4123 SUNNYBROOK CT	
CITY-ST-ZIP	ORLANDO FL 32820	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN SHEPARD	
STREET ADDRESS	2363 ALABASTER AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32833	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PEARL, DIANE	
STREET ADDRESS	2305 BAKER AVENUE	
CITY-ST-ZIP	ORLANDO FL 32833	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITA DRINKWATER	
STREET ADDRESS	16402 OLD CHENEY HWY.	
CITY-ST-ZIP	ORLANDO, FL 32833	

TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, MARLENE	
STREET ADDRESS	650 COLUMBIA SCHOOL RD	
CITY-ST-ZIP	ORLANDO FL 32833	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAINES, SUSAN	
STREET ADDRESS	17000 PICKETTS COVE RD	
CITY-ST-ZIP	ORLANDO FL 32820	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Rita Drinkwater
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-31-02 407 568-2921**
Date Daytime Phone #

CR2E037 (9/01)