2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N45602

Entity Name: COLUMBIA ELEMENTARY SCHOOL PTA INC.

Apr 30, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

650 COLUMBIA SCHOOL RD ORLANDO, FL 32833

Current Mailing Address: New Mailing Address:

650 COLUMBIA SCHOOL RD ORLANDO, FL 32833

FEI Number: 23-7106547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JACKSON, MARLENE 650 COLUMBIA SCHOOL RD ORLANDO, FL 32833

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

PATTI, FRANZ Name: PATTI, FRANZ Name: 20854 NETTLETON Address: 20854 NETTLETON Address: City-St-Zip: ORLANDO, FL 32833 City-St-Zip: ORLANDO, FL 32833

Title: TD () Delete Title: S/D (X) Change () Addition SUSAN, SHEPARD Name: SUSAN, SHEPARD Name: Address: 2363 ALAMBA AVENEU Address: 2363 ALABASTER AVE City-St-Zip: ORLANDO, FL 32833 City-St-Zip: ORLANDO, FL 32833

Title: SDT () Delete Title: T/D (X) Change () Addition RITA, DRIKWATER RITA, DRINKWATER Name: Name:

16402 OLD CHENEY HWY Address: =16402 OLD CHENEY HWY Address: City-St-Zip: ORLANDO, FL 32833 City-St-Zip: ORLANDO, FL 32833

Title: () Delete Title: () Change () Addition

Name: JACKSON, MARLENE Name: 650 COLUMBIA SCHOOL RD Address: Address: City-St-Zip: ORLANDO, FL 32833 City-St-Zip:

VPD Title: () Delete Title: P/D (X) Change () Addition

HAINES, SUSAN LONERGAN, ALISON Name: Name: 17000 PICKETTS COVE RD 4123 SUNNYBROOK COURT Address: Address: City-St-Zip: ORLANDO, FL 32820 City-St-Zip: ORLANDO, FL 32820

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISON LONERGAN Ρ 04/30/2003