

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90305 044 ****61.25

DOCUMENT # N45834

1. Entity Name

PARENT TEACHER ORGANIZATION OF P.H.M.A. INC.

Principal Place of Business

Mailing Address

NEBRASKA AVE.
HARBOR FL 34683

2313 NEBRASKA AVE.
PALM HARBOR FL 34683-3949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SEILER, SHERRY
477 OLD OAK CIR
PALM HARBOR FL 34683

4. FEI Number

59-3092024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Haas, Mari

Street Address (P.O. Box Not Acceptable)

2313 Nebraska Ave 33683-3949

City

P. H.

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

Mari Haas, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SEILER, SHERRY	
STREET ADDRESS	42313 NABRASKA AVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HEPP, CINDY	
STREET ADDRESS	2313 NEBRASKA AVE.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	HAUBER, KATHY	
STREET ADDRESS	2313 NEBRASKA AVENUE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LIPKIN, DEBBIE	
STREET ADDRESS	2313 NEBRASKA AVENUE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	RS	<input checked="" type="checkbox"/> Delete
NAME	SOODGAME, SUSAN	
STREET ADDRESS	2313 NEBRASKA AVE.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	HAAS, MARY	
STREET ADDRESS	2313 NEBRASKA AVE	
CITY-ST-ZIP	PALM HARBOR FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haas, Mari	
STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Castigian, Sidney	
STREET ADDRESS	2313 Nebraska Ave	
CITY-ST-ZIP	PH, FL	
TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirsch, Alicia	
STREET ADDRESS	2313 Nebraska Ave	
CITY-ST-ZIP	PH, FL	
TITLE	VC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hobson, Caron	
STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PH, FL	

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:

Mari Haas / Mari Haas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00 (727) 286-3468

CR2E037 (9/99)