

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N45834**

1. Entity Name

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

Principal Place of Business

**2313 NEBRASKA AVE.
PALM HARBOR FL 34683**

Mailing Address

**2313 NEBRASKA AVE.
PALM HARBOR FL 34683**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

04-17-01 5082007 861.25

4. FEI Number **59-3092024**

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

**HAAS, MARI
2313 NEBRASKA AVE
P.H. FL 33683**

Name

ALICIA K. KIRSCH

Street Address (P.O. Box Number is Not Acceptable)

2313 Nebraska Ave.

City

Palm Harbor

FL

Zip Code

34683

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

AK Kirsch, Vice Director

2-26-01

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
After September 12, 2001, min. will be \$236.25**

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 type="checkbox"/> Delete
NAME	HAAS, MARI	
STREET ADDRESS	2313 NEBRASKA AVE	
CITY-ST-ZIP	PH 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 type="checkbox"/> Delete
NAME	GOSTIGIAN, SIDNEY	
STREET ADDRESS	2313 NEBRASKA AVENUE	
CITY-ST-ZIP	PALM HARBOR FL 33683	
TITLE	RS	<input type="checkbox"/> Delete
NAME	SOODGAME, SUSAN	
STREET ADDRESS	2313 NEBRASKA AVE.	
CITY-ST-ZIP	PALM HARBOR FL 33683	
TITLE	VC	<input type="checkbox"/> Delete
NAME	HOBSON, CARON	
STREET ADDRESS	2313 NEBRASKA AVE	
CITY-ST-ZIP	PALM HARBOR FL 33683	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hauber, Cathy	
STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PH, FL 34683	
TITLE	VD1	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRSCH, ALICIA	
STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PH, FL 34683	
TITLE	VD2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAUERT, Jodel	
STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PH, FL 34683	
TITLE	RS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pensabene, Maria	
STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PH, FL 34683	
TITLE	CS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morrow, Denise	
STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PH, FL 34683	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rotatori, Lisa	
STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PH, FL 34683	

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: *AK Kirsch* 4/1/01

727-712-1201