

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004697

1. Entity Name

MT. VERNON ELEMENTARY PTA, INC.

Principal Place of Business

Mailing Address

4629 - 13TH AVENUE NORTH
ST. PETERSBURG FL 33713

4629 13TH AVE N
ST. PETERSBURG FL 33713

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

23-7109343

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

JENSEN, PAMELA
6722 35 AVE N
SAINT PETERSBURG FL 33710

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
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
NAME WILLIAMS, LINDY
STREET ADDRESS 531 48 STREET N
CITY-ST-ZIP SAINT PETERSBURG FL 33713 ☒ Delete

TITLE SD
NAME OGDIE, ROBERTA
STREET ADDRESS 5019 18TH AVE., N.
CITY-ST-ZIP SAINT PETERSBURG FL 33713 ☒ Delete

TITLE VCD
NAME DIXON, LYNN
STREET ADDRESS 4128 3RD AVENUE NORTH
CITY-ST-ZIP ST PETE FL 33713 ☒ Delete

TITLE T
NAME JENSEN, PAM
STREET ADDRESS 6722 35TH AVE., N.
CITY-ST-ZIP SAINT PETERSBURG FL 33710 ☐ Delete

TITLE C
NAME SCHWING, NICOLE
STREET ADDRESS 4830 14TH AVE N
CITY-ST-ZIP SAINT PETERSBURG FL 33713 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D PRESIDENT
NAME NICOLE SCHWING
STREET ADDRESS 4830 14 AVE N
CITY-ST-ZIP ST PETERSBURG FL 33713 ☒ Change ☐ Addition

TITLE T TIMEKEEPER
NAME ROBERTA OGDIE
STREET ADDRESS 5019 18 AVE N
CITY-ST-ZIP ST PETE FL 33713 ☒ Change ☐ Addition

TITLE VCD
NAME JENNIFER WORTHAM KNOEPP
STREET ADDRESS 4721 13 AVE N
CITY-ST-ZIP ST PETE FL 33713 ☐ Change ☒ Addition

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

TITLE C
NAME GRES SCHWING
STREET ADDRESS 4830 14 AVE N
CITY-ST-ZIP ST PETE FL 33710 ☐ Change ☒ Addition

TITLE SD
NAME RUBY OWENS
STREET ADDRESS 3763 BURLINGTON AVE
CITY-ST-ZIP ST PETE FL 33713 ☐ Change ☒ Addition

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:

PAMELA JENSEN 822-01 527-3814952

FILED
Aug 31, 2001 8:00 am
Secretary of State

07-06-2001 90210 012 ****61.25



DO NOT WRITE IN THIS SPACE

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