

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90017 039 ****61.25

DOCUMENT # N94000000197

1. Entity Name

SOUTH FLORIDA PRESCHOOL PTA, INC.

Principal Place of Business

P.O. BOX 560772
 MIAMI FL 33156-0772

Mailing Address

P.O. BOX 560772
 MIAMI FL 33156-0772

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

65-0426221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PEZOLDT, DEBRA
15325 SW 84 CT
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name **Laurel Auerbacher**
 Street Address (P.O. Box Number is Not Acceptable)
16824 SW 80 Ct.
miami
 City **FL** Zip Code **33157**

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

Laurel Auerbacher **Treasurer**

1/31/01

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P LEBON-SCAGNELLI, NICOLE 6822 SW 144 TERRANCE MIAMI FL 33517	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARTER, STELLA 8305 SW 118 TERRACE MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EZLEE, RENEE 17351 SW 87 CT MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEZOLDT, DEBRA 15325 SW 84 CT MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Elizabeth Buchman 1500 Campamento Avenue Coral Gables, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wendy Armstrong 14534 SW 144 Terrace miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Jackie Leven 7910 SW 73 Ct. miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Janice Sands 8240 SW 150 Drive Miami, FL 33158	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Laurel Auerbacher 16824 SW 80 Ct. miami, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Laurel Auerbacher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

(305)
232-5236
 Daytime Phone #

CR2E037 (10/00)