

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001048

1. Entity Name

SANJOSE ELEMENTARY SCHOOL P.T.A., INC.

FILED

Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90009 041 ****61.25

Principal Place of Business

1670 SAN HELEN DRIVE
DUNEDIN FL 34698

Mailing Address

1670 SAN HELEN DRIVE
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2141931

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, DEBRA
1477 SANTA CLARA DR
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name Sandy Jones
Street Address (P.O. Box Number is Not Acceptable)
1519 Gladys Circle
City Dunedin FL Zip Code 34698

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 Sandra Jones Sandra Jones, Treasurer 9/12/00

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 13, 2000 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 JONES, SANDY
STREET ADDRESS 1519 GLAYDS CIR
CITY-ST-ZIP DUNEDIN FL ☐ Delete

TITLE SD
NAME ROUSH, MARY
STREET ADDRESS 1360 MICHIGAN BLVD
CITY-ST-ZIP DUNEDIN FL 34698 ☒ Delete

TITLE TD
NAME ROSS, DEBRA
STREET ADDRESS 1477 SANTA CLARA DR
CITY-ST-ZIP DUNEDIN FL ☒ Delete

TITLE VD
NAME BRADY, CATHY
STREET ADDRESS 1657 SAN MATEO
CITY-ST-ZIP DUNEDIN FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD Wanda Dow ☐ Change ☒ Addition
NAME 1737 Santa Anna Dr.
STREET ADDRESS Dunedin FL 34698
CITY-ST-ZIP

TITLE Joan Gordon ☐ Change ☒ Addition
NAME 784 Terrace
STREET ADDRESS Dunedin FL 34698
CITY-ST-ZIP

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

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

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

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: Sandra Jones Sandra Jones 9/12/00 727 469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 5956

CR2E037 (5/00)