

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004759

1. Entity Name

MCKEEL ACADEMY PARENT TEACHERS ORGANIZATION, INC

FILED

May 20, 2000 8:00 am
Secretary of State

05-20-2000 90006 049 ****61.25

Principal Place of Business

Mailing Address

1810 WEST PARKER STREET
LAKELAND FL 33801

1810 WEST PARKER STREET
LAKELAND FL 33815-1243

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

59-3339327

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

MCFARLANE, PETER A ESQ.
5015 SOUTH FLORIDA AVE., SUITE 215
LAKELAND FL 33813

Name Danny C. Wheelock

Street Address (P.O. Box Number is Not Acceptable)
513 US Highway 1

City North Palm Beach

FL

Zip Code
33408

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME HOLMES, KENNA
STREET ADDRESS 3123 BUCKINGHAM AVE.
CITY-ST-ZIP LAKELAND FL 33803

TITLE SD ☒ Change ☐ Addition
NAME Vicki Simpson
STREET ADDRESS 1720 Kinsman Way
CITY-ST-ZIP Lakeland, FL 33809

TITLE T ☐ Delete
NAME COLLINS, JOYCE
STREET ADDRESS 4414 SELKIRK LN
CITY-ST-ZIP LAKELAND FL 33813

TITLE T ☒ Change ☐ Addition
NAME Alison Lohr
STREET ADDRESS 4215 Inverness Ct.
CITY-ST-ZIP Lakeland, FL 33813

TITLE D ☐ Delete
NAME MAREADY, HAROLD
STREET ADDRESS 1810 WEST PARKER STREET
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED Harold Maready

4/28/00

Date

Daytime Phone #

CR2E037 (9/99)