

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90394 014 ****61.25

DOCUMENT # *N 950000 4759*

1. Entity Name

McKeel Academy Parent Teachers Organization,
Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1810 West Parker Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lakeland

City & State

4. FEI Number 59-3339327

Applied For

Not Applicable

Zip Country
FL 33801

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Peter A. McFarlane, Esq.

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

5015 South Florida Ave., Suite 215

City Lakeland

FL

Zip Code
33801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President Phil Fleming
1810 West Parker Street
Lakeland, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice-President Diane Williams
1810 West Parker Street
Lakeland, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary Debbie Tsikuris
1810 West Parker Street
Lakeland, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer Steve Odem
1810 West Parker Street
Lakeland, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director Patrick O'Leary
1810 West Parker Street
Lakeland, FL 33801

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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 on an attachment with an address, with all other life empowered.

SIGNATURE:

Steve Odem, Treasurer

4/27/03

863-858-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)

6/25