

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP -9 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNIVERSITY, FL 32310

974948

DOCUMENT # N97000004660

1. Entity Name

LOXAHATCHEE GROVES ELEMENTARY SCHOOL PTO, INC.

Principal Place of Business

Mailing Address

16020 OKEECHOBEE BLVD
LOXAHATCHEE FL 33470

16020 OKEECHOBEE BLVD
LOXAHATCHEE FL 33470

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

65-0797428

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

~~DREW, JUSTINE~~
16020 OKEECHOBEE BLVD
LOXAHATCHEE FL 33470

DEARTH, CARMELA

Name: CARMELA DEARTH

Street Address (P.O. Box Number is Not Acceptable)
16020 Okeechobee Blvd.

City LOX

FL

Zip Code 33470

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 *Carmela Dearth, President*

8/14/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DREW, JUSTINE 16020 OKEECHOBEE BLVD LOXAHATCHEE FL 33470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DP DEARTH, CARMELA 16020 OKEECHOBEE BLVD LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Sec. MCCARTHY, PATRICIA 16020 OKEECHOBEE BLVD LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MADISON, REVI 16020 OKEECHOBEE BLVD LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP DIETRICH, STACY 16020 OKEECHOBEE BLVD LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SHINN, KATHY 16020 OKEECHOBEE BLVD LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAN PETRONELLA 16021 EAST... LOXAHATCHEE, FL 33470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Deletion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	...	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST V.P. SUSAN PETRONELLA 16020 Okeechobee Blvd. Loxahatchee, FL 33470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: *Carmela Dearth, President*

8/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/02)