

2000 UNIFORM BUSINESS REPORT, (UBR)

4/1

FILED
May 11, 2000 8:00 am
Secretary of State

04-05-2000 90117 007 ****61.25

DOCUMENT # N97000005546

1. Entity Name

KENWORTHY PARENT TEACHERS ASSOCIATION, INC.

Principal Place of Business

866 LAKE HOWELL RD
MAITLAND FL 32751

Mailing Address

P O BOX 622494
OVIEDO FL 32762-2494

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
59-3425237

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POSNER, CATHERINE
476 E FAIRBANKS AVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name **Shari Dawson**
Street Address (P.O. Box Number is Not Acceptable)
2810 University Acres Dr.
City **Orlando** FL Zip Code **32817**

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 *Shari Dawson*

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

(NOTE: Registered Agent signature required when reinstating)

4/1/00

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 ROTAN, D 545 WOODFIRE WAY CASSELBERRY FL 32707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYS, KAREN 2899 HARBOUR GRACE CT APOKA FL 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POSNER, CATHERINE 476 E FAIRBANKS AVE WINTER PARK FL 32789	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SED BURGER, MELISSA 3075 GOLDSBORO PL OVIEDO FL 32765	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD CASEY, KEVIN G 1024 CREEKS BEND DR CASSELBERRY FL 32707	<input checked="" 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	President - D Melissa Burger 3075 Goldsboro Pl. OVIEDO, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 st Vice President - D Leslie Bonner 1581 Warrington St Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - D Shari Dawson 2810 University Acres Dr Orlando, FL 32817	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 nd Vice President - D Teresa Guthrie 1396 Ayerswood Ct Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Financial Director - D Gary Bonner 1581 Warrington St. Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" 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:

Shari Dawson Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00

DATE

407-740-3031

Daytime Phone #

CR2E037 (9/99)