

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90147 043 \*\*\*\*61.25

**DOCUMENT # N98000004007**

1. Entity Name

**NORTH LAUDERDALE ACADEMY HIGH SCHOOL PTSO, INC.**

Principal Place of Business

955-71 SW 71ST AVENUE  
 NORTH LAUDERDALE FL 33068

Mailing Address

955-71 SW 71ST AVENUE  
 NORTH LAUDERDALE FL 33068

2. Principal Place of Business

**7101 Kimberly Blvd**

Suite, Apt. #, etc.

3. Mailing Address

**7101 Kimberly Blvd**

Suite, Apt. #, etc.

City & State

**NORTH LAUDERDALE**

City & State

**NORTH LAUDERDALE**

Zip  
**FL**

Country  
**USA**

Zip  
**33068**

Country  
**USA**

4. FEI Number

**65-0848904**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GREENBERG, JOEL E**  
**2806 N. UNIVERSITY DRIVE**  
**SUNRISE FL 33322**

7. Name and Address of New Registered Agent

Name **William R. TURNER & CO., P.A.**

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

**8751 W. Broward Blvd, Suite 207**

City **Plantation**

FL

Zip Code  
**33324**

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLUSHER, ELYSA 1101 SUSSEX DRIVE FT LAUDERDALE FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERMENT, AMRYL 6761 NW 70TH AVENUE TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, DONNA 1701 SW 65TH AVENUE HIALEAH FL 33068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURGESS, TERI L 7815 TAM-A-SHANTER BLVD NORTH FT LAUDERDALE FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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	<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 checked="" 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
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:

**Signature of Registered Agent**

**8/10/02 954-240-4528**

CR2E037 (4/02)