

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90076 012 ****70.00

DOCUMENT # N98000006621

1. Entity Name

CHESTERBROOK ACADEMY PTO CORP.

Principal Place of Business

**14900 N.W. 20TH STREET
 PEMBROKE PINES FL 33028**

Mailing Address

**14900 N.W. 20TH STREET
 PEMBROKE PINES FL 33028**

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

65-0878518

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PAYNE, SHERRA
 4002 BUCHANAN ST
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

Ageliki Sergiou

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

10171 NW 21st Court

City

Pembroke Pines

FL

Zip Code

33026

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

Ageliki Sergiou

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

TITLE **D** ☐ Delete
 NAME **LINHART, BARBARA**
 STREET ADDRESS **14900 N.W. 20 STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☐ Delete
 NAME **LINHART, TRACY**
 STREET ADDRESS **14900 N.W. 20TH STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ Delete
 NAME **RICO, KAREN**
 STREET ADDRESS **14900 N.W. 20TH STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Barbara Linhart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-431-4224
 Date Daytime Phone #

CR2E037 (10/00)