

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006677

1. Entity Name

VAN R. BUTLER ELEMENTARY SCHOOL PARENT TEACHER O

Principal Place of Business

Mailing Address

6694 WEST COUNTY HWY.30A
SANTA ROSA BEACH FL 32459

6694 WEST COUNTY HWY.30A
SANTA ROSA BEACH FL 32459-3520

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

59-3545929

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

CONERLY, LAMAR JR.
1234 AIRPORT RD.,STE.111
DESTIN FL 32541

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MCGEHEE, WILLIE
STREET ADDRESS 52 CANAL STREET
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE PD ☒ Change ☐ Addition
NAME Towne, Gary D
STREET ADDRESS 93 Fairway Dr.
CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE VPD ☐ Delete
NAME ROURKE, KATHLEEN
STREET ADDRESS 282 WHITE HERON DR.
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE VPD ☒ Change ☐ Addition
NAME Hartley, Ann
STREET ADDRESS 5399 E. Hyw. 30-A
CITY-ST-ZIP Santa Rosa Bch. FL 32459

TITLE SD ☐ Delete
NAME FOLEY, JIM
STREET ADDRESS 57 FIG CT.
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE SD ☒ Change ☐ Addition
NAME Rourke, Kathleen
STREET ADDRESS 187 Crescent
CITY-ST-ZIP Santa Rosa Bch. FL 32459

TITLE TD ☐ Delete
NAME HARHEY, ANN
STREET ADDRESS 5399 E. HWY 30 A #105
CITY-ST-ZIP SEAGROVE BEACH FL 32459

TITLE TD ☒ Change ☐ Addition
NAME Hartly, Ann
STREET ADDRESS 5399 E. Hyw. 30-A
CITY-ST-ZIP Santa Rosa Bch. FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90034 004 ****61.25



DO NOT WRITE IN THIS SPACE

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2/1/00 267-434