

2001 UNIFORM BUSINESS REPORT (UBR)

5/5/0

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-05-2001 90369 014 ***150.00

DOCUMENT # N98000006677

1. Entity Name

VAN R. BUTLER ELEMENTARY SCHOOL PARENT TEACHER O

Principal Place of Business

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

Mailing Address

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

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

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

7. Name and Address of New Registered Agent

Name Ann Hartley

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

6694 W. Co. Hwy 30-A

City

Santa Rosa Beh FL

Zip Code

32459

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 Ann Hartley
Gary D. Towne

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/23/01
4/26/01

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	PD	<input type="checkbox"/> Delete
NAME	TOWNE, GARY D	
STREET ADDRESS	93 FAIRWAY DR.	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARTLEY, ANN	
STREET ADDRESS	5399 E. HYW. 30-A	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROURKE, KATHLEEN	
STREET ADDRESS	187 CRESCENT	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARTLY, ANN	
STREET ADDRESS	5399 E. HYW. 30-A	
CITY-ST-ZIP	SEAGROVE BEACH FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLEY, ANN	
STREET ADDRESS	5399 E. Hyw. 30-A	
CITY-ST-ZIP	Santa Rosa Beh FL 32459	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Leuze	
STREET ADDRESS	329 Wood Beh Dr.	
CITY-ST-ZIP	Seagrave Beh FL 32459	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Clark	
STREET ADDRESS	1429 Mack Bayou Rd.	
CITY-ST-ZIP	Santa Rosa Beh FL 32459	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary D. Towne	
STREET ADDRESS	93 Fairway Dr.	
CITY-ST-ZIP	Santa Rosa Beh FL 32459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 850-
267-1434

CR2E037 (10/00)