

9/9/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-09-2002 90015 002 ****61.25

DOCUMENT # N98000006677

1. Entity Name

VAN R. BUTLER ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3545929

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARTLEY, ANN

6649 W. CO. HWY 30-A

SANTA ROSA BEACH FL 32459

Name

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

6694 W. Co Hwy 30-A

Santa Rosa Beach FL 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. 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)

9/4/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	HARTLEY, ANN	
STREET ADDRESS	5399 E. HWY 30-A	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	VPD	☒ Delete
NAME	HARTLEY, ANN	
STREET ADDRESS	5399 E. HWY. 30-A	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	SD	☒ Delete
NAME	ROURKE, KATHLEEN	
STREET ADDRESS	187 CRESCENT	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	TD	☒ Delete
NAME	TOWNE, GARY D	
STREET ADDRESS	93 FAIRWAY DR.	
CITY-ST-ZIP	SANTA ROSA BCH FL 32459	
TITLE	VPD	☒ Delete
NAME	LEUZE, DAVID	
STREET ADDRESS	329 WOOD BCH. DR.	
CITY-ST-ZIP	SEAGROVE BEACH FL 32459	
TITLE	SD	☒ Delete
NAME	CLARK, CINDY	
STREET ADDRESS	1429 MACK BAYOU RD.	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	

TITLE	President PD	☒ Change ☐ Addition
NAME	Jackie Vaggalis	
STREET ADDRESS	6694 W. Co Hwy	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	Vice President VPD	☒ Change ☐ Addition
NAME	Bruce Baker	
STREET ADDRESS	6694 W. Co Hwy 30A	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	Secretary	☒ Change ☐ Addition
NAME	Julie Rookis	
STREET ADDRESS	6694 W. Co Hwy 30A	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	Treasurer	☒ Change ☐ Addition
NAME	Glenda Knutson	
STREET ADDRESS	6694 W. Co Hwy 30A	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	President P.D.	☒ Change ☐ Addition
NAME	Candace Abuvala	
STREET ADDRESS	6694 W. Co Hwy 30A	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

9/4/02

Date

Daytime Phone #

CR2E037 (4/02)