

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90004 018 \*\*\*\*61.25

DOCUMENT # **N99000000236**  
1. Entity Name **Martha Manson Academy Parent Organization, Inc.**

Principal Place of Business **7715 SW 14<sup>th</sup> Ave. Gainesville, FL 32607**  
Mailing Address **7715 SW 14<sup>th</sup> Ave. Gainesville, FL 32607**

**00070832**

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

**59-3564234**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

*Kathryn Gaston*

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

(NOT: 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	President - Director	<input checked="" type="checkbox"/> Delete
NAME	Jan H. Wharton	
STREET ADDRESS	9502 SW 50 <sup>th</sup> Rd.	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	Vice-President - Director	<input checked="" type="checkbox"/> Delete
NAME	Sherry Houston	
STREET ADDRESS	5011 NW 51 <sup>st</sup> Place	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	Treasurer - Director	<input checked="" type="checkbox"/> Delete
NAME	Cathy Beauchamp	
STREET ADDRESS	9631 NW 110 <sup>th</sup> Circle	
CITY-ST-ZIP	Chiefland, FL 32626	
TITLE	Secretary - Director	<input checked="" type="checkbox"/> Delete
NAME	Dobbie Fleming	
STREET ADDRESS	2001 SW 102 <sup>nd</sup> Terrace	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	Corresponding Secretary - Director	<input checked="" type="checkbox"/> Delete
NAME	Marlene Moss	
STREET ADDRESS	4601 SW 94 <sup>th</sup> Dr.	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	Marla Reece - Director	<input checked="" type="checkbox"/> Delete
NAME	4876 S.W. 95 <sup>th</sup> Terr.	
STREET ADDRESS	Gainesville, FL 32608	
CITY-ST-ZIP		

TITLE	President - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherry Houston	
STREET ADDRESS	5011 NW 51 <sup>st</sup> Place	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	Vice-President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Garcia	
STREET ADDRESS	8032 SW 45 <sup>th</sup> Lane	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	Treasurer - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carrie Holloway	
STREET ADDRESS	9505 SW 50 <sup>th</sup> Rd.	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	Secretary - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stacy Eider	
STREET ADDRESS	1604 JNW 94 <sup>th</sup> St.	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	Corresponding Secretary / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Scott	
STREET ADDRESS	Box 140764	
CITY-ST-ZIP	Gainesville, FL 32614	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Ellis	
STREET ADDRESS	3302 SW 93 Way	
CITY-ST-ZIP	Gainesville, FL 32608	

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 no 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:

*Sherry Houston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-01

Date

Daytime Phone #

352-376-2699

352-256-4951

CR2E037 (11/00)