

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005802

1. Entity Name

J. COLIN ENGLISH ELEMENTARY SCHOOL PARENT-TEACHE

*R*

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90063 046 \*\*\*\*61.25

Principal Place of Business

120 PINE ISLAND ROAD  
NORTH FORT MYERS FL 33903

Mailing Address

120 PINE ISLAND ROAD  
NORTH FORT MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0965235

☒ 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

VETTER, MARIE R  
120 PINE ISLAND ROAD  
NORTH FORT MYERS FL 33903

Name  
Denise Phillips-Lusk

Street Address (P.O. Box Number is Not Acceptable)  
120 Pine Island Road

City North Fort Myers FL Zip Code 33903

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 *Denise Phillips-Lusk*

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**  
**After September 13, 2000 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 PSD  
NAME VOGEL, KATHY ☐ Delete  
STREET ADDRESS 120 PINE ISLAND ROAD  
CITY-ST-ZIP NORTH FORT MYERS FL 33903

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

TITLE VTD  
NAME SAMSON, DONNA ☐ Delete  
STREET ADDRESS 120 PINE ISLAND ROAD  
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE VTD ☒ Change ☒ Addition  
NAME LISA Smith  
STREET ADDRESS 120 Pine Island Rd  
CITY-ST-ZIP North Ft Myers FL 33903

TITLE D  
NAME PHAREL, MYRL ☐ Delete  
STREET ADDRESS 120 PINE ISLAND ROAD  
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE D ☒ Change ☒ Addition  
NAME Denise Phillips-Lusk  
STREET ADDRESS 120 Pine Island Rd  
CITY-ST-ZIP N. Ft Myers, FL 33903

TITLE D  
NAME KINSEY, TERRI M ☐ Delete  
STREET ADDRESS 120 PINE ISLAND ROAD  
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE D ☐ Change ☐ Addition  
NAME Kinsey, Terri  
STREET ADDRESS 120 Pine Island Road  
CITY-ST-ZIP N. Ft. Myers, FL 33903

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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: *Suzanne K. Wallace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Aug 15, 00 941-995-2258  
Daytime Phone #

CR2E037 (5/00)