2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **N99000006715** May 13, 2000 8:00 am Secretary of State WESTERN SCHOOL PTO, INC. 05-13-2000 90045 027 ****70.00 Principal Place of Business Mailing Address 8200 SW 17TH ST. 8200 SW 17TH ST. NORTH LAUDERDALE FL 33068-4110 NORTH LAUDERDALE FL 33068 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DONNAHOE, PRINCE A IV 2425 E. COMMERCIAL BLVD., STE. 400 FT. LAUDERDALE FL 33308 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW: Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition ☐ Delete $PD \cdots \cdots$ TITLE NAME PARZYCH, KIM NAME STREET ADDRESS STREET ADDRESS 2024 WINNERS CIR. CITY-ST-ZIP CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Change Addition TITLE ☐ Delete TITLE CHESNEY, MICHAEL NAME NAME STREET ADDRESS 11740 N.W. 12TH MANOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 = Addition Change Change ☐ Delete TITLE TITLE SD NAME MCHENRY, KAREN NAME STREET ADDRESS 9480 E. PLUM HARBOR WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Change ☐ Addition ☐ Delete TD TITLE PFORDRESHER, HEATHER NAME STREET ADDRESS STREET ADDRESS 2307 S.W. 82ND TERR. CITY-ST-ZIP CITY-ST-ZIP **NORTH LAUDERDALE FL 33068** ☐ Change Addition ☐ Delete TITLE TITLE NAME DONNAHOE, MICHELLE STREET ADDRESS STREET ADDRESS 7209 N.W. 76TH ST. CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME DELLARATTA, CHRISTIE STREET ADDRESS STREET ADDRESS 9205 RAMBLEWOOD DR., APT. 834 CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33071 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.

yoril 20, 2000