

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007680

1. Entity Name

HANCOCK CREEK ELEMENTARY SCHOOL, P.T.O., INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90315 037 ****65.00

Principal Place of Business

1601 SKYLINE DRIVE
FORT MYERS FL 33903
US

Mailing Address

1601 SKYLINE DRIVE
FORT MYERS FL 33903
US

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

65-0975483

Applied For

Not Applicable

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

AMBURGEY, BARBARA
1601 SKYLINE DRIVE
FORT MYERS FL 33903

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

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

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 DVP
NAME SWEENEY, ROBERT ☐ Delete
STREET ADDRESS 4403 TEASDALE DRIVE
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE D/P
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME AMBURGEY, BARBARA ☒ Delete
STREET ADDRESS 6191 CASTLEWOOD CIRCLE
CITY-ST-ZIP FORT MYERS FL 33905

TITLE D/VP
NAME CHOATE, JACK ☐ Change ☒ Addition
STREET ADDRESS 1430 SE 27th TERRACE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE DT
NAME BELLER, BETH ☐ Delete
STREET ADDRESS 1648 MANSVILLE TERRACE
CITY-ST-ZIP NORTH FORT MYERS FL 33903

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

TITLE DP
NAME SHAMON, SHERRIE ☐ Delete
STREET ADDRESS 1702 SE 21ST TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE D/S
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: *Sherrie Shamon* SHERRIE SHAMON 4/26/01 941-095-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)