

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90091 018 ****61.25

DOCUMENT # 733403

1. Entity Name

PALM BEACH DAY SCHOOL

Principal Place of Business

**241 SEAVIEW AVE.
 PALM BEACH FL 33480**

Mailing Address

**241 SEAVIEW AVE.
 PALM BEACH FL 33480**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0873834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HANLEY, DANIEL A
 777 S. FLAGLER DR.
 SUITE 500E
 WEST PALM BEACH FL 33401**

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

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

TITLE **PD** ☐ Delete
 NAME **MATTHEWS, WILLIAM M.**
 STREET ADDRESS **1925 N. FLAGLER DR.**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **TD** ☐ Delete
 NAME **KEMBLE, WILLIAM T**
 STREET ADDRESS **206 CARIBBEAN WAY**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **VD** ☐ Delete
 NAME **METZGER, ANNE**
 STREET ADDRESS **277 ESPLANADE WAY**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE **SD** ☐ Delete
 NAME **HANLEY, DANIEL A**
 STREET ADDRESS **417 SEABREEZE AVE**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 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: *WILLIAM M. MATTHEWS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01 *561-655-1188*

CR2E037 (10/00)