

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90026 028 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000000054

1. Entity Name
PALM BEACH COUNTY SCHOOL READINESS COALITION, IN

Principal Place of Business C/O CHILDREN'S SERVICES COUNCIL 1919 NO. FLAGLER DRIVE WEST PALM BEACH FL 33407	Mailing Address C/O CHILDREN'S SERVICES COUNCIL 1919 NO. FLAGLER DRIVE WEST PALM BEACH FL 33407		
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
65-0974035

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
EBBOLE, GAETANA C/O CHILDREN'S SERVICES COUNCIL 1919 NO. FLAGLER DRIVE WEST PALM BEACH FL 33407	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L. PAUL BROWN	NAME	
STREET ADDRESS	111 S. SAPODILLA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLIN, BEN DR.	NAME	
STREET ADDRESS	3340 FOREST HILL BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, KEN	NAME	
STREET ADDRESS	2051 MARTIN LUTHER KING JR. BLVD.	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALECKI, JEAN DR.	NAME	
STREET ADDRESS	POST OFFICE BOX 29	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBBOLE, GAETANA	NAME	Ebbole, Gaetana
STREET ADDRESS	1919 N. FLAGLER DRIVE	STREET ADDRESS	1919 N. Flagler Drive
CITY-ST-ZIP	WEST PALM BEACH FL 33407	CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARGIULO, FRANK	NAME	Gargiulo, Frank
STREET ADDRESS	3301 FOREST HILL BLVD. #C223	STREET ADDRESS	901 Evernia St.
CITY-ST-ZIP	WEST PALM BEACH FL 33406-5813	CITY-ST-ZIP	West Palm Beach, FL 33406

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Philippe Jeck** (561) 746-1002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)