

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N08729** (8)

1. Corporation Name

UNITY SCHOOL ENDOWMENT FUND, INC.

Principal Place of Business

C/O UNITY SCHOOL
101 N.W. 22ND ST.
DELRAY BEACH FL 33444

Mailing Address

C/O UNITY SCHOOL
101 N.W. 22ND ST.
DELRAY BEACH FL 33444

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SPRINKLE, PHIL
AKERMAN, SENTERFITT, EIDSON, PA
PHILLIPS POINT EAST TOWER SUITE 900
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

04/16/1985

4. FEI Number

59-2529126

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **TENNYSON, ROD**
STREET ADDRESS **1801 AUSTRALIAN AVE SO.**
CITY-ST-ZIP **WEST PALM BCH. FL**

TITLE **P** ☐ DELETE

NAME **RAFFA, PAUL**
STREET ADDRESS **4595 PINE TREE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **VP** ☒ DELETE

NAME **FLEMING, DEAN**
STREET ADDRESS **1066 SW 27TH PLACE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **S** ☒ DELETE

NAME **SHAPINS, PARTICIA**
STREET ADDRESS **4609 TURNBERRY COURT**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D** ☐ DELETE

NAME **BARBER, MARIA**
STREET ADDRESS **15320 TALL OAK AVE.**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **T** ☐ DELETE

NAME **SEAMAN, PHIL**
STREET ADDRESS **101 NW 22 STREET**
CITY-ST-ZIP **DELRAY BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition

1.2 NAME **LES GOLDBERG**
1.3 STREET ADDRESS **6400 CONGRESS AVE SUITE 200**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33487**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VP** ☐ Change ☒ Addition

3.2 NAME **NEIL SAFFER**
3.3 STREET ADDRESS **400 N.W. BOCA RATON BLVD**
3.4 CITY-ST-ZIP **BOCA RATON FL, 33432**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **JOHN VACCARO**
4.3 STREET ADDRESS **1501 CORPORATE DR**
4.4 CITY-ST-ZIP **BOYNTON BEACH, FL 33435**


5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **PHIL SEAMAN**

1/20/98 561-276-4414

CR2E037 (10/97)