

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046528

1. Entity Name  
PALM BEACH PREPARATORY SCHOOL, INC.

Principal Place of Business  
10350 RIVERSIDE DR  
PALM BEACH GARDENS FL 33410

Mailing Address  
10350 RIVERSIDE DR  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-1012517 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CLAYTON, BARRY L  
1675 PALM BEACH LAKES BLVD STE 700  
WEST PALM BEACH FL 33458

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE VSTD  
NAME ~~HERZINGER, KERRY F~~  
STREET ADDRESS 149 WENTWORTH COURT  
CITY-ST-ZIP JUPITER FL 33458

TITLE PD  
NAME ROSEN, PHILIP T  
STREET ADDRESS 149 WENTWORTH CT  
CITY-ST-ZIP JUPITER FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ROSEN, KERRY  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip T. Rosen Date: 1/5/02 Daytime Phone #: 561 622 0401

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**  
01-08-2002 90024 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR02E034 (9/01)