

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-31-2000 90056 030 ****61.25

DOCUMENT # N98000001026

1. Entity Name

THE PALM BEACH COUNTY MIDDLE SCHOOL OF THE ARTS

Principal Place of Business

3701 NORTSHORE DR.
 WEST PALM BEACH FL 33407

Mailing Address

3701 NORTSHORE DR.
 WEST PALM BEACH FL 33407-3599

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0828975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OSTROWSKY, AMELIA
 3701 NORTSHORE DR.
 WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

ELIZABETH PERLMAN

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

3701 NORTH SHORE DR.

City

WEST PALM BCH

FL

Zip Code

33407

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

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

PRINCIPAL

5/1/00
 DATE

(NOTE: Registered Agent signature required when reinstating)

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 **P** ☐ Delete
 NAME **PHIPPS, SANDRA A**
 STREET ADDRESS **3701 NORTSHORE DR.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407** **D**

TITLE **TVP** ☒ Delete
 NAME **FONTES, STACY**
 STREET ADDRESS **3701 NORTSHORE DR.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **T** ☒ Delete
 NAME **WESTBURY, LORRAINE**
 STREET ADDRESS **3701 NORTSHORE DR.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **T** ☐ Delete
 NAME **STAINBACK, NANCY**
 STREET ADDRESS **3701 NORTSHORE DR.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407** **D**

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 **VP.** ☐ Change ☒ Addition
 NAME **SUE CARROLL**
 STREET ADDRESS **3701 NORTSHORE DR.**
 CITY-ST-ZIP **WEST PALM BCH FL 33407** **D**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **LISA DE LA RIONDA**
 STREET ADDRESS **3701 NORTSHORE DR.**
 CITY-ST-ZIP **WEST PALM BCH FL 33407** **D**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

Stacy Fontes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
 Date

561 744-8210
 Daytime Phone

CR2E037 (9/99)