

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90094 047 ****61.25

DOCUMENT # N02548

1. Entity Name

THE EDUCATION FOUNDATION OF PALM BEACH COUNTY, I

Principal Place of Business

3364 FORREST HILL BLVD
 A-132
 WEST PALM BEACH FL 33406
 US

Mailing Address

3364 FORREST HILL BLVD
 A-132
 WEST PALM BEACH FL 33406
 US

A0054553



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3304 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite C-110

City & State

West Palm Beach, FL

3. Mailing Address

3304 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite C-110

City & State

West Palm Beach, FL

4. FEI Number

59-2420369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HURLEY, KELLY L
3364 FORREST HILL BLVD
STE A-132
WEST PALM BEACH FL 33406

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 **D** ☐ Delete
 NAME **CARROLL, ROBERT G. H III**
 STREET ADDRESS **744 WATERWAY DR.**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **T** ☒ Delete
 NAME **HURLBURT, BRAD**
 STREET ADDRESS **900 EAST ATLANTIC AVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **VD** ☐ Delete
 NAME **MACON, ROD**
 STREET ADDRESS **P.O. BOX 8768, 6001 VILLAGE BLVD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **S** ☐ Delete
 NAME **PRATHER, DAVID**
 STREET ADDRESS **515 N FLAGLER DR. 10TH**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☒ Delete
 NAME **HURLEY, KELLY**
 STREET ADDRESS **1850 N CONGRESS AVE #F305**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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 **Secretary** ☐ Change ☒ Addition
 NAME **Jonathan Toppe**
 STREET ADDRESS **7900 Glades Rd, Suite 420**
 CITY-ST-ZIP **Boca Raton, FL 33434**

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

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☐ Addition
 NAME **Wendy Sartory Link**
 STREET ADDRESS **222 Lakerview Dr. #1250**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

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:

Signature and Typed or Printed Name of Signing Officer or Director

4/16/01

301-434-7203

CR2E037 (10/00)