

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90437 020 ****70.00

DOCUMENT # N02548

1. Entity Name

**THE EDUCATION FOUNDATION OF PALM BEACH COUNTY, I
NC.**



Principal Place of Business

**3336 FOREST HILL BLVD
SUITE B102
WEST PALM BEACH FL 33406
US**

Mailing Address

**3336 FOREST HILL BLVD
SUITE B102
WEST PALM BEACH FL 33406
US**

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 **59-2420369**

Applic

Not App

5. Certificate of Status Desired ☒

**\$8.75 Addition
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HURLEY, KELLY L
3336 FOREST HILL BLVD
SUITE B102
WEST PALM BEACH FL 33406**

Name

William Conroy

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

3336 Forest Hill Blvd - B-102

City **WEST PALM BEACH**

FL

Zip Code
33404

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. I am familiar with, and the obligations of registered agent.

SIGNATURE

William J Conroy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEB 13 \$6125

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> Delete
NAME	SMITH, III, D. CULVER	
STREET ADDRESS	625 N FLAGLER DRIVE, 7TH FL	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURLBERT, BRADLEY	
STREET ADDRESS	900 E ATLANTIC BLVD, #8	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MACON, ROD	
STREET ADDRESS	600 VILLAGE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIAZ, DEBORAH	
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 200 E	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SARTOTY LINK, WENDY	
STREET ADDRESS	222 LAKEVIEW DR #1250	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	BRIAN KELLY	
STREET ADDRESS	13621 N.W. 12th St	
CITY-ST-ZIP	SUNRISE FL 33323	

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

William J. Conroy 2/4/03 561-434-7303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #