

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90044 038 \*\*\*\*\*61.25

**DOCUMENT # 703535**

1. Entity Name

**PALM BEACH COUNTY CLASSROOM TEACHERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**PALM BEACH COUNTY CTA, INC**  
**715 SPENCER DRIVE**  
**WEST PALM BEACH FLA FL 33409**

**ATTN: OFFICE MGR., PALM BEACH COUNTY CTA**  
**715 SPENCER DRIVE**  
**WEST PALM BEACH FL 33409**

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

**59-0979227**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VANA, SHELLEY**  
**715 SPENCER DRIVE**  
**WEST PALM BEACH FL 33409**

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.

**N/A**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
 NAME **KOPF, ED**  
 STREET ADDRESS **3181 EMERSON AVENUE**  
 CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE **VPD** ☐ Delete  
 NAME **KAY, KAREN**  
 STREET ADDRESS **350 NE 27 AVENUE**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **V/D** ☒ Change ☐ Addition  
 NAME **KAY, KAREN**  
 STREET ADDRESS **112 PLANTATION BOULEVARD**  
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **PD** ☐ Delete  
 NAME **VANA, SHELLEY**  
 STREET ADDRESS **6038 BANIA WOOD CIRCLE**  
 CITY-ST-ZIP **LANTANA FL 33462**

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE **S** ☐ Change ☒ Addition  
 NAME **WRIGHT, DEBORAH**  
 STREET ADDRESS **16087 E. GLASGOW DRIVE**  
 CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

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:

*S. Vana*

**1-31-02 561-683-4623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)