

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90334 015 \*\*\*\*61.25

**DOCUMENT # 707299**

1. Entity Name

**GRAHAMECKES PALM BEACH ACADEMY, INC.**

Principal Place of Business

Mailing Address

205 WORTH AVENUE  
 SUITE 301  
 PALM BEACH FL 33480  
 US

205 WORTH AVENUE  
 SUITE 301  
 PALM BEACH FL 33480  
 US

00131386



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0662272**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LAWRENCE, EUGENE**  
**205 WORTH AVENUE, SUITE 301**  
**PALM BEACH FL 33480**

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

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**After September 13, 2002,**  
**min. will be \$236.25.**

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  Delete  
 NAME **CD**  
 STREET ADDRESS **LAWRENCE, EUGENE**  
 CITY-ST-ZIP **205 WORTH AVENUE, SUITE 301**  
**PALM BEACH FL 33480**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD**  
 STREET ADDRESS **LAWRENCE, EUGENE**  
 CITY-ST-ZIP **205 WORTH AVE., SUITE 301**  
**PALM BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
 STREET ADDRESS **MINKER, MARLYN**  
 CITY-ST-ZIP **200 TRADEWIND DRIVE**  
**PALM BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
 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: *Eugene Lawrence* **SIGNATURE REQUIRED**

CR2E037 (4/02)