

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F98000002043

1. Entity Name
Partnerships In Education

FILED

00 AUG 23 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address
50 West San Fernando St.
1200
San Jose, CA 95113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2553493

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Alberto Ibarguen
One Herald Plaza
Miami, Florida 33131

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 PD
NAME P. Anthony Ridder
STREET ADDRESS 50 West San Fernando St.
CITY-ST-ZIP San Jose, CA 95113

TITLE VD
NAME Ross Jones
STREET ADDRESS 50 West San Fernando St.
CITY-ST-ZIP San Jose, CA 95113

TITLE T
NAME Alan G. Silverglat
STREET ADDRESS 50 West San Fernando St.
CITY-ST-ZIP San Jose, CA 95113

TITLE AVP
NAME Lynda Hauswirth
STREET ADDRESS 50 West San Fernando St.
CITY-ST-ZIP San Jose, CA 95113

TITLE S
NAME Polk Laffoon
STREET ADDRESS 50 West San Fernando St.
CITY-ST-ZIP San Jose, CA 95113

TITLE D
NAME Mary Jean Connors
STREET ADDRESS 50 West San Fernando St.
CITY-ST-ZIP San Jose, CA 95113

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003384785--1
-09/07/00--01013--014
*****236.25 *****236.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003384785--1
-09/07/00--01013--015
*****70.00 *****70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Lynda Hauswirth

APR 17 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)