

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90062 016 ****61.25

DOCUMENT # N01000003574
1. Entity Name

PALM BEACH COUNTY EDUCATION COMMISSION,
INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2324 S. Congress Ave.

Suite, Apt. #, etc.
Suite 2G

City & State
West Palm Beach, FL

Zip Country
33406 USA

3. Mailing Address
2324 S. Congress Ave.

Suite, Apt. #, etc.
Suite 2G

City & State
West Palm Beach, FL

Zip Country
33406 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1128263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7.-Name and Address of Current Registered Agent

Name
William E. Pruitt

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

3030 S. Dixie Hwy., Suite 5

City West Palm Beach FL Zip Code 33405

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
M.J. "Mike" Arts
1800 N. Dixie Hwy.
Boca Raton FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Judith Goodman
505 S. Flagler Dr. #1405
W. Palm Beach, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Roy Davidson
303 Ballen Isles Dr.
Palm Beach Gardens, FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T
William Pruitt
3030 S. Dixie Hwy #5
W. Palm Beach, FL 33405

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)(f), 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 on an attachment with an address, with another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02

(561) 655-8080

CR2E037B (12/01)