

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90160 015 ****61.25

DOCUMENT # N01000005739

1. Entity Name

ROYAL PALM BEACH HIGH SCHOOL GRADUATION INC.



Principal Place of Business

**10600 OKEECHOBEE BLVD
ROYAL PALM BEACH FL 33411**

Mailing Address

**10600 OKEECHOBEE BLVD
ROYAL PALM BEACH FL 33411**

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 **65-1126017**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GORDON, FRED
16396 77TH LANE N
LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name **Mary Ann Loftis**
Street Address (P.O. Box Number is Not Acceptable)
159 Rivera Ct.
Royal Palm Beach
City **FL** Zip Code **33411**

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

Mary Ann Loftis

1/24/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GORDON, FRED	
STREET ADDRESS	16396 77TH LANE N	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CELIBERTI, JOSEPH	
STREET ADDRESS	3604 C ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAZE, LOIS	
STREET ADDRESS	128 SANTIAGO ST	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LODWICK, DANA	
STREET ADDRESS	290 AVACIA CT	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Ann Loftis	
STREET ADDRESS	159 Rivera Ct	
CITY-ST-ZIP	Royal Palm Beach FL 33411	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Stewart	
STREET ADDRESS	182 Bilbao St	
CITY-ST-ZIP	Royal Palm Beach FL 33411	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shari Stairs	
STREET ADDRESS	148 Monterey Way	
CITY-ST-ZIP	Royal Palm Beach FL 33411	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jo Ann Checchi	
STREET ADDRESS	14809 60th Ct No.	
CITY-ST-ZIP	Loxahatchee FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary Ann Loftis

1/24/03

561-881-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone

CR2E037 (10/02)