

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91302 002 \*\*\*\*70.00

**DOCUMENT # N01000005926**

1. Entity Name

**COMMUNITY BACK TO SCHOOL BASH, INC.**

Principal Place of Business

Mailing Address

C/O ADOPT-A-FAMILY OF THE BEACHES  
~~2330 S. CONGRESS AVE STE 1-C~~  
 WEST PALM BEACH FL 33406

C/O ADOPT-A-FAMILY OF THE BEACHES  
~~2330 S. CONGRESS AVE STE 1-C~~  
 WEST PALM BEACH FL 33406

2. Principal Place of Business

*2200 N. Florida Mango Rd*

3. Mailing Address

*2200 Florida Mango Rd.*

Suite, Apt. #, etc.

*#102*

Suite, Apt. #, etc.

*#102*

City & State

*West Palm Beach, FL*

City & State

*West Palm Beach, FL*

Zip

*33409*

Country

*USA*

Zip

*33409*

Country

*USA*

4. FEI Number

*65-1141522*

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

**CABRERA, SUZANNE P**  
**4964 WEDGEWOOD WAY**  
**WEST PALM BEACH FL 33417**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **BOZARTH, TERRY**  
 STREET ADDRESS **2330 S CONGRESS AVE STE 1-C**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☐ Addition  
 NAME *2200 N. Florida Mango Rd.,*  
 STREET ADDRESS *Suite 102*  
 CITY-ST-ZIP *West Palm Beach, FL 33409*

TITLE ☐ Delete  
 NAME **CABRERA, SUZANNE P**  
 STREET ADDRESS **PO BOX 7117**  
 CITY-ST-ZIP **WEST-PALM BEACH FL 33406**

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

TITLE ☐ Delete  
 NAME **BERTISCH, HAREEN**  
 STREET ADDRESS **423 FERN ST STE 200**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE ☒ Delete  
 NAME **RILEY, YARDIRA**  
 STREET ADDRESS **2200 N. FLORIDA MANGO RD STE 102**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Change ☒ Addition  
 NAME *Julie Swindler*  
 STREET ADDRESS *1730 E. Tiffany Drive, Suite 101*  
 CITY-ST-ZIP *West Palm Beach, FL 33407*

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  
 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:** *Terry L. Bozarth* **SIGNATURE REQUIRED** *Terry L. Bozarth* *4/30/02* *(561) 656-4115 x168*

CR2E037 (9/01)