2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008318

FILED May 01, 2003 Secretary of State

Entity Name: THE PARENTS' ASSOCIATION OF THE DAY SCHOOL AT CORAL SPRINGS, INC.

Current Principal Place of Business:		New Principal Place of Business:
	STVIEW DRIVE PRINGS, FL 33067	
Current M	lailing Address:	New Mailing Address:
	STVIEW DRIVE PRINGS, FL 33067	
El Number	: FEI Number Applied For (X)) FEI Number Not Applicable () Certificate of Status Desired ()
lame and	Address of Current Registered Agent	t: Name and Address of New Registered Agent:
625 NW 7	D, CATHY G 75TH PLACE D, FL 33067 US	
	named entity submits this statement for t e of Florida.	the purpose of changing its registered office or registered agent, or bot
IGNATU	RE:Electronic Signature of Registered	N A gent Date
FFICER	S AND DIRECTORS:	Additions/Changes to officers and directors
itle: lame: ddress: :ity-St-Zip:	D () Delete PAGLIARO, CATHY G 6625 NW 75TH PLACE PARKLAND, FL 33067	Title: () Change () Addition Name: Address: City-St-Zip:
itle.	D () Delete	Title: () Change () Addition
ame: ddress:	BERRY-VAUGHN, CANDACE 12370 ST. SIMON DRIVE BOCA RATON, FL 33428	Name: Address: City-St-Zip:
ame: ddress: ity-St-Zip: itle: ame: ddress:	12370 ST. SIMON DRIVE	Name: Address:
itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	12370 ST. SIMON DRIVE BOCA RATON, FL 33428 D () Delete CASTILLO, TRACEY G 12568 NW 74TH PLACE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
ame: ddress: itly-St-Zip: itle: lame: ddress: itty-St-Zip: itte: lame: ddress:	12370 ST. SIMON DRIVE BOCA RATON, FL 33428 D () Delete CASTILLO, TRACEY G 12568 NW 74TH PLACE PARKLAND, FL 33076 D () Delete BLADES, SUZANNE 4960 NW 119TH TERRACE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDACE BERRY-VAUGHN D 05/01/2003