

FILED
Apr 24, 2003 8:00 am
Secretary of State

02-20-2003 90135 034 ****61.25

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

DOCUMENT # N02000009186

1. Entity Name
FLORIDA ATLANTIC UNIVERSITY SCHOOLS PTO, INC.



Principal Place of Business
C/O ALEXANDER D. HENDERSON UNIVERSITY SCHO
777 GLADES ROAD
BOCA RATON FL 33431

Mailing Address
C/O ALEXANDER D. HENDERSON UNIVERSITY SCHO
777 GLADES ROAD
BOCA RATON FL 33431

55030282

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Zip Country

City & State
Zip Country

4. FEI Number 05-0535572 Applied For
05-0535572 Not Applicable

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

6. Name and Address of Current Registered Agent
PLATT, FIDENCIO
C/O ALEXANDER D. HENDERSON UNIVERSITY SCHO
777 GLADES ROAD
BOCA RATON FL 33431

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. I am familiar with, and except the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$81.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P CUMMINGS, TRACY 10417 BOW CT BOCA RATON FL 33488 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALFANO, JERRY 3049 NW 28TH AVE BOCA RATON FL 33434 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLATT, FIDENCIO 4448 NW BOCA RATON BLVD BOCA RATON FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUTLEDGE, ROBERTAO 3531 NE 27TH AVE LIGHTHOUSE PT FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAYSONE, MARY ANN 18577 WOODSTREAM DRIVE BOCA RATON FL 33488 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 as changed, or on an attachment with an addendum, with all other like empowers.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03 501-988-5558

Date Daytime Phone