

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

04-28-2003 91521 016 ***61.25
FILE N03000002745

03 MAY 14 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # N03000002745					
1. Entity Name ACADEMIC SCHOOL FOR THE ARTS INC					
Principal Place of Business 2300 N DDGE HWY BOCA RATON, FL 33431			Mailing Address 2300 N DDGE HWY BOCA RATON, FL 33431		
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 16-1639873	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLASFELD, SHELDON 2300 N DDGE HWY 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 accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents' signatures required when substituting)					
FILE NOW FREE (\$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	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KLASFELD, SHELDON		NAME		
STREET ADDRESS	9277 SW 16TH RD., W		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BAKER, MARJORIE		NAME		
STREET ADDRESS	17308 BOCA CLUB BLVD., #1102		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	O'DEA, PATRICK		NAME		
STREET ADDRESS	1777 SE 15TH ST.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Marjorie Baker</u> <u>Marjorie Baker</u> <u>4/31/03</u> <u>512-945-7994</u>					
REQUIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CDE037 (10/02)