**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 31, 2001 8:00 am s Secretary of State **DOCUMENT # N05227** 1. Entity Name COMMUNITIES IN SCHOOLS OF PALM BEACH COUNTY, INC. 01-31-2001 90121 001 \*\*\*\*61.25 01-31-2001 90121 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 114 N J STREET 114 N J STREET 23805 LAKE WORTH FL 33460-3354 LAKE WORTH FL 33460-3354 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2516164 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6."Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SILBER, ILENE SOLOMON 114 NORTH J STREET 2ND FLOOR City Zip Code LAKE WORTH FL 33460 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. 化对性性 医牙髓 SIGNATURE, Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ■ Addition TITLE ☐ Delete TITLE ☐ Change MARSH, GREGORY NAME NAME STREET ADDRESS 7289 GARDEN RD STE 200 STREET ADDRESS CITY-ST-ZIP RIVERA BEACH FL 33404 CITY-ST-ZIP Change Addition TD Delete TITLE TITLE SCOTT BERGER 2000 GLADES RD., STE.324 ROSS, DAVID NAME NAME 501-EAST-LAS-OLAS BLVD 4TH FLOOR STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL SD Change ☐ Addition Delete TITLE GLEASON, JODY NAME NAME STREET ADDRESS STREET ADDRESS 1131 N PALM WAY CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL Change ☐ Addition ☐ Delete TITLE SILBER. ILENE SOLOMON NAME NAME STREET ADDRESS 114 NORTH J STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL CD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILLIAM, JENNER NAME STREET ADDRESS STREET ADDRESS 812 FERN ST CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete TITLE ☐ Addition TITLE ☐ Change 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 supplimental 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:

ICER OR DIRECTOR

12,2001

Daytime Phone #