

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

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90101 042 ****61.25

DOCUMENT # N05227

1. Entity Name

COMMUNITIES IN SCHOOLS OF PALM BEACH COUNTY, INC



Principal Place of Business

**230 S DIXIE HIGHWAY
200
LAKE WORTH FL 33460
US**

Mailing Address

**230 S DIXIE HIGHWAY
200
LAKE WORTH FL 33460
US**

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 **59-2516164**

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

FIELDS, PRESTON J

**7711 NORTH MILITARY TRAIL, SUITE 1014
PALM BEACH GARDENS FL 33410**

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **MARSH, GREGORY**
STREET ADDRESS **7289 GARDEN RD STE 200**
CITY-ST-ZIP **RIVERA BEACH FL 33404**

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

TITLE **TD** ☐ Delete
NAME **BERGER, SCOTT**
STREET ADDRESS **2000 GLADES RD STE 324**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **TD** ☒ Change ☐ Addition
NAME **Berger, Scott**
STREET ADDRESS **225 N.E. Mizner, Suite 250**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **SD** ☐ Delete
NAME **NEWLANDS, JANICE**
STREET ADDRESS **218 DATURA STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **VPD** ☐ Delete
NAME **MASON, LINDA A**
STREET ADDRESS **625 N. FLAGLER DR., 10TH FLOOR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **D** ☐ Delete
NAME **AULD, JAMES**
STREET ADDRESS **1800 AUSTRALIAN AVE. S., STE 302**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE **D** ☐ Delete
NAME **BROWN, JONATHAN**
STREET ADDRESS **5000 W. BOYNTON BEACH BLVD.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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)(l), 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:

Signature of Registered Agent

1/7/03

CR2E037 (10/02)