

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N08729**

1. Entity Name

**UNITY SCHOOL ENDOWMENT FUND, INC.**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90015 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O UNITY SCHOOL 101 N.W. 22ND ST. DELRAY BEACH FL 33444	Mailing Address C/O UNITY SCHOOL 101 N.W. 22ND ST. DELRAY BEACH FL 33444-4351
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-2529126**

Applied For
Not Applicable

Zip	Country	Zip	Country
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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**

**SPRINKLE, PHIL**  
**AKERMAN, SENTERFITT, EIDSON, PA**  
**PHILLIPS POINT EAST TOWER SUITE 900**  
**WEST PALM BEACH FL 33401**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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.

SIGNATURE \_\_\_\_\_ (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 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P <input type="checkbox"/> Delete	NAME: GOLDBERG, LES	TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Norman, Nancy Rev.
STREET ADDRESS: 6400 CONGRESS AVE. SUITE 200	CITY-ST-ZIP: BOCA RATON FL 33487	STREET ADDRESS: 101 NW 22nd Street	CITY-ST-ZIP: Delray Beach, FL 33444
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: RAFFA, PAUL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 4595 PINE TREE DRIVE	CITY-ST-ZIP: BOYNTON BEACH FL	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: VP <input type="checkbox"/> Delete	NAME: SAFFER, NEIL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 400 N.W. BOCA RATON BLVD.	CITY-ST-ZIP: BOCA RATON FL 33432	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: VACCARO, JOHN	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 1501 CORPORATE DR	CITY-ST-ZIP: BOYNTON BEACH FL 33435	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: BARBER, MARIA	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 15320 TALL OAK AVE.	CITY-ST-ZIP: DELRAY BEACH FL	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: T <input type="checkbox"/> Delete	NAME: SEAMAN, PHIL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 101 NW 22 STREET	CITY-ST-ZIP: DELRAY BEACH FL	STREET ADDRESS:	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: *PHILIP B. SEAMAN* **PHILIP B. SEAMAN** 2-1-00 561-276-4414

SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)