

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90190 047 ****61.25

DOCUMENT # N12544

1. Entity Name
PARENTS FOR DEBATORS, NORTH MIAMI BEACH SENIOR HIGH SCHOOL, INC.



Principal Place of Business
% HOWARD W GORDON
2035 NE 201 TERRACE
NORTH MIAMI BEACH FL 33179

Mailing Address
% HOWARD W GORDON
2035 NE 201 TERRACE
NORTH MIAMI BEACH FL 33179

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 59-2604514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GORDON, HOWARD W
2035 NE 201 TERRACE
NORTH MIAMI BEACH FL 33179

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 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

TITLE **VD** ☐ Delete
NAME **GORDON, HOWARD W**
STREET ADDRESS **2035 NE 201 TERRACE**
CITY-ST-ZIP **NORTH MIAMI BCH FL**

TITLE **D** ☐ Delete
NAME **CAMPBELL, DIANE**
STREET ADDRESS **19512 BOB-O-LINK DRIVE**
CITY-ST-ZIP **COUNTRY CLUB OF MIAMI FL 33015**

TITLE **PD** ☐ Delete
NAME **KLUGELIAU, MARTY & SUE**
STREET ADDRESS **1458 NE 182 ST.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **TD** ☐ Delete
NAME **PLATT, ANDREA**
STREET ADDRESS **1300 NE 191ST ST.**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **SD** ☐ Delete
NAME **GARFINKLE, FREDERIC**
STREET ADDRESS **20625 NE 22 PL**
CITY-ST-ZIP **N MIAMI BEACH FL 33180**

TITLE **VD** ☐ Delete
NAME **SANTAMARIA, RUTH**
STREET ADDRESS **1247 NE 187TH ST.**
CITY-ST-ZIP **MIAMI FL 33162**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE

12 Feb 03 305-789-9233

Date

Daytime Phone #

CR2E037 (10/02)