

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2002 8:00 am  
Secretary of State

02-01-2002 90011 049 \*\*\*\*61.25

DOCUMENT # N13710

1. Entity Name

THE FOUNDATION FOR SEMINOLE COUNTY PUBLIC SCHOOL  
S, INC.

Principal Place of Business

Mailing Address

% PAUL J. HAGERTY  
400 E. LAKE MARY BOULEVARD  
SANFORD FL 32773

% PAUL J. HAGERTY  
400 E. LAKE MARY BOULEVARD  
SANFORD FL 32773

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

59-2775956

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

HAGERTY, PAUL J.  
400 E. LAKE MARY BLVD.  
SANFORD FL 32773

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HAGERTY, PAUL J.	
STREET ADDRESS	400 E LAKE MARY BLVD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, DEBORAH	
STREET ADDRESS	3210 LAKE EMMA RD 4D300	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CALDERONE, TINA	
STREET ADDRESS	253 N ORLANDO AV	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, DEBORAH	
STREET ADDRESS	400 S PARK AV 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, LAURIE	
STREET ADDRESS	850 CONCOURSE PKWY S STE 200	
CITY-ST-ZIP	MAITLAND FL 32751-6141	
TITLE	MD	<input type="checkbox"/> Delete
NAME	CALDERONE, TINA	
STREET ADDRESS	400 E LAKE MARY BLVD.	
CITY-ST-ZIP	SANFORD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurie Anderson	
STREET ADDRESS	PO Box 945255	
CITY-ST-ZIP	Maitland, FL 32794-5255	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Bair	
STREET ADDRESS	1401 W. Seminole Blvd.	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerry Roux TD	
STREET ADDRESS	460 E. Altamonte Dr.	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tina Calderone

1/11/02

Date

407 3200180

Daytime Phone #

CR2E037 (9/01)