

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90122 017 ****61.25

DOCUMENT # N13710

1. Entity Name

**THE FOUNDATION FOR SEMINOLE COUNTY PUBLIC SCHOOL
S, INC.**



Principal Place of Business

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

Mailing Address

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

90004984



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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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 **D** ☐ Delete
NAME **HAGERTY, PAUL J.**
STREET ADDRESS **400 E LAKE MARY BLVD**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **CD** ☐ Delete
NAME **ANDERSON, LAURIE**
STREET ADDRESS **P O BOX 945255**
CITY-ST-ZIP **MAITLAND FL 32794-5255**

TITLE **VD** ☐ Delete
NAME **BAIR, CRAIG**
STREET ADDRESS **1401 W SEMINOLE BLVD**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **TD** ☐ Delete
NAME **ROUX, GERRY**
STREET ADDRESS **460 E ALTAMONTE DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **MD** ☐ Delete
NAME **CALDERONE, TINA**
STREET ADDRESS **400 E LAKE MARY BLVD.**
CITY-ST-ZIP **SANFORD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

CR2E037 (10/02)

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 another like empowered.

SIGNATURE:

Tina Calderone

1/6/2003 407320 0180