

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90198 026 \*\*\*\*61.25

DOCUMENT # N93000005764

1. Entity Name

PALM BEACH COUNTY SCHOOL DISTRICT STAFF ASSOCIAT

Principal Place of Business

P.O. BOX 15964  
WEST PALM BEACH FL 33416

Mailing Address

3215 SPRUCE AVE  
WEST PALM BEACH FL 33407

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3215 SPRUCE AVE



DO NOT WRITE IN THIS SPACE

4. FEI Number

26-3067638

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FAUB, ROBERT  
3215 SPRUCE AVE  
WPB FL 33407

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TERWILLEGAR, JANE	
STREET ADDRESS	911 OAK HARBOUR DRIVE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, ANDI	
STREET ADDRESS	4191 57TH AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAGAN, WANDA	
STREET ADDRESS	2046 N. WATERWAY DRIVE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PETERSON, ALONZO	
STREET ADDRESS	1412 N MAGNOLIA DR	
CITY-ST-ZIP	WPB FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phil Sorensen	
STREET ADDRESS	4926 Beresford Circle	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry Spence	
STREET ADDRESS	3592 Ivanhoe Ave	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debra Floyd	
STREET ADDRESS	1023 10th Lane	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

CR2E037 (9/98)