5/15/00-90312-017-$61.25-$61.25

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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005174

1. Entity Name

PALM BEACH SCHOOL BOARD LEASING CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 PM 12:16

Principal Place of Business	Mailing Address
3340 FOREST HILL BOULEVARD WEST PALM BEACH FL 33406	3340 FOREST HILL BOULEVARD WEST PALM BEACH FL 33406-5869

DO NOT WRITE IN THIS SPACE

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 65-0531703 ☐ 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
KOWAL, JOAN P 3340 FOREST HILL BOULEVARD WEST PALM BEACH FL 33406-5869	Name: Dr. H. Benjamin Marlin Street Address (P.O. Box Number is Not Acceptable): 3340 Forest Hill Boulevard City: West Palm Beach FL Zip Code: 33406-5869

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: TIMOTHY W. MCCLARY — DATE: 4/25/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

SEE PAGE 2

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTGOMERY, DOROTHY B 3340 FOREST HILL BLVD WEST PALM BEACH FL 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCCLARY, TIMOTHY W 3340 FOREST HILL BOULEVARD WEST PALM BEACH FL 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, ART 3340 FOREST HILL BLVD W PALM BEACH FL 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD RICHMOND, SANDRA S 3340 FOREST HILL BOULEVARD WEST PALM BEACH FL 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOWAL, JOAN P 3340 FOREST HILL BOULEVARD WEST PALM BEACH FL 33406	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Superintendent Dr. H. Benjamin Marlin 3340 Forest Hill Boulevard West Palm Beach, FL 33406 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LYNCH, TOM 3340 FOREST HILL BLVD WEST PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CORPORATE FORM

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: TIMOTHY W. MCCLARY — 4/25/00 — 561-434-8584

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

2000 UNIFORM BUSINESS REPORT (UBR)

Pg 2

DOCUMENT # N94000005174

Entity Name

PALM BEACH SCHOOL BOARD LEASING CORP.

Principal Place of Business	Mailing Address
FOREST HILL BOULEVARD PALM BEACH FL 33406	3340 FOREST HILL BOULEVARD WEST PALM BEACH FL 33406-5869

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0531703 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOAN P
FOREST HILL BOULEVARD
PALM BEACH FL 33406-5869

7. Name and Address of New Registered Agent

Name: Dr. H. Benjamin Marlin

Street Address (P.O. Box Number is Not Acceptable): 3340 Forest Hill Boulevard

City: West Palm Beach FL — FL — Zip Code: 33406-5869

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 6/1/00

FILE NOW: PREPARE $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D MONTGOMERY, DOROTHY B 3340 FOREST HILL BLVD WEST PALM BEACH FL 33406	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
T MCCLARY, TIMOTHY W 3340 FOREST HILL BOULEVARD WEST PALM BEACH FL 33406	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D JOHNSON, ART 3340 FOREST HILL BLVD W PALM BEACH FL 33406	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
CD RICHMOND, SANDRA S 3340 FOREST HILL BOULEVARD WEST PALM BEACH FL 33406	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
S KOWAL, JOAN P 3340 FOREST HILL BOULEVARD WEST PALM BEACH FL 33406	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Superintendent Dr. H. Benjamin Marlin 3340 Forest Hill Boulevard West Palm Beach, FL 33406 ☐ Change ☒ Addition
DV LYNCH, TOM 3340 FOREST HILL BLVD WEST PALM BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED

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