

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90090 044 ****61.25

DOCUMENT # N94000005174

1. Entity Name

PALM BEACH SCHOOL BOARD LEASING CORP.

Principal Place of Business

Mailing Address

**3340 FOREST HILL BOULEVARD
 WEST PALM BEACH FL 33406**

**3340 FOREST HILL BOULEVARD
 WEST PALM BEACH FL 33406**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**MARLIN, H. BENJAMIN DR
 3340 FOREST HILL BOULEVARD
 WEST PALM BEACH FL 33406-5869**

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

H. Benjamin Marlin, Superintendent

1/16/01

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 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	T MCCLARY, TIMOTHY W 3340 FOREST HILL BOULEVARD WEST PALM BEACH FL 33406	☐ Delete
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	CD RICHMOND, SANDRA S 3340 FOREST HILL BOULEVARD WEST PALM BEACH FL 33406	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARLIN, H. BENJAMIN DR 3340 FOREST HILL BOULEVARD WEST PALM BEACH FL 33406	☐ Delete
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	D Debra Robinson, M.D. 3340 Forest Hill Blvd., C-316 West Palm Beach, FL 33406	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susan Whelchel 3340 Forest Hill Blvd., C-316 West Palm Beach FL 33406	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandra S. Richmond 3340 Forest Hill Blvd., C-316 West Palm Beach FL 33406	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Tom Lynch 3340 Forest Hill Boulevard, C-316 West Palm Beach FL 33406	☒ Change ☐ Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01
 Date

461-434-8584
 Daytime Phone #

CR2E037 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005174

1. Entity Name

PALM BEACH SCHOOL BOARD-LEASING CORP.

Principal Place of Business

3340 FOREST HILL BOULEVARD
WEST PALM BEACH FL 33406

Mailing Address

3340 FOREST HILL BOULEVARD
WEST PALM BEACH FL 33406

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

MARLIN, H. BENJAMIN DR
3340 FOREST HILL BOULEVARD
WEST PALM BEACH FL 33406-5869

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.

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 NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DV ☐ Change ☒ Addition
STREET ADDRESS CITY-ST-ZIP	Jody Gleason 3340 Forest Hill Boulevard, C-316 West Palm Beach, FL 33406
TITLE NAME	D ☐ Change ☒ Addition
STREET ADDRESS CITY-ST-ZIP	Paulette Burdick 3340 Forest Hill Boulevard, C-316 West Palm Beach FL 33406
TITLE NAME	D ☐ Change ☒ Addition
STREET ADDRESS CITY-ST-ZIP	William Graham 3340 Forest Hill Boulevard, C-316 West Palm Beach FL 33406
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
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 (10/00)