

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90116 049 ****61.25

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**2003 NOT-FOR-PROFIT CORPORATION
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 3300 Forest Hill Boulevard		3. Mailing Address 3300 Forest Hill Boulevard	
Suite, Apt. #, etc. C-316		Suite, Apt. #, etc. A-334	
City & State West Palm Beach FL		City & State West Palm Beach FL	
Zip 33406		Zip 33406	
Country US		Country US	
4. FEI Number 65-0531703		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARTHUR, JOHNSON 3340 FOREST HILL BOULEVARD WEST PALM BEACH, FL 33406-6869		7. Name and Address of New Registered Agent Name Johnson, Arthur Street Address (P.O. Box Number is Not Acceptable) 3300 Forest Hill Boulevard, C-316 City West Palm Beach FL Zip Code 33406	
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 _____ (NOTE: Registered Agent signature required when certifying)			
FILE NOW - FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, DEBRA MD 3340 FOREST HILL BLVD., C-316 WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robinson, Debra MD 3300 Forest Hill Boulevard, C-316 West Palm Beach FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ED 3340 FOREST HILL BLVD., C-316 WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Benaim, Monore, MD 3300 Forest Hill Boulevard, C-316 West Palm Beach FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHELCHER, SUSAN 3340 FOREST HILL BLVD., C-316 WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hansen, Mark 3300 Forest Hill Boulevard, C-316 West Palm Beach FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHMOND, SANDRA S 3340 FOREST HILL BLVD., C-316 WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richmond, Sandra S 3300 Forest Hill Boulevard, C-316 West Palm Beach FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, ARTHUR 3340 FOREST HILL BLVD., C-316 WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Johnson, Arthur 3300 Forest Hill Boulevard, C-316 West Palm Beach FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LYNCH, TOM 3340 FOREST HILL BLVD., C-316 WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Lynch, Tom 3300 Forest Hill Boulevard, C-316 West Palm Beach FL 33406
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 _____		Arthur Johnson 6/30/03 (561) 649-6833	

CR2E037 (10/02)

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

DOCUMENT # N94000005174						86130176	
1. Entity Name PALM BEACH SCHOOL BOARD LEASING CORP.							
Principal Place of Business		Mailing Address					
2. Principal Place of Business		3. Mailing Address		☐ CHECK HERE IF MAKING CHANGES			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number		65-0531703		☐ Approved 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			
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's signature required when necessary.)							
FILE NOW: FEE IS \$8.75		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition	
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SIGNATURE: _____				Arthur Johnson 6/30/03 (561) 649-6833			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			