

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001733

1. Entity Name

PALM BEACH COUNTY SCHOOL FOR AUTISM AND SIMILAR

Principal Place of Business

557 N.W. 54TH ST.
BOCA RATON FL 33487

Mailing Address

557 N.W. 54TH ST.
BOCA RATON FL 33487-3734

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

65-0572521

☒ 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

KOENIG, LINDA A
557 N.W. 54TH ST.
BOCA RATON FL 33487

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME KOENIG, LINDA A
STREET ADDRESS 557 N.W. 54TH STREET
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE VPT ☐ Delete
NAME KOENIG, JAMES T
STREET ADDRESS 557 N.W. 54TH STREET
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE S ☐ Delete
NAME ARVANITIS, SANDRA
STREET ADDRESS 5468 EAGLE LAKE DR
CITY-ST-ZIP PALM BEACH GARDENS FL

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

TITLE D ☐ Delete
NAME MILICH, LISA
STREET ADDRESS 540 N.W. 55TH STREET
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE D ☐ Delete
NAME MILICH, ROBERT
STREET ADDRESS 540 N.W. 55TH STREET
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE D ☐ Delete
NAME SABATINI, RENE
STREET ADDRESS 3841 N.E. 16TH TERR.
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ Change ☐ 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 #

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90117 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)