

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001344

1. Entity Name

NORTH COUNTY EDUCATION FOUNDATION, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90006 004 ****61.25

Principal Place of Business

Mailing Address

725 NORTH A1A
SUITE 214-C
JUPITER FL 33477

725 NORTH A1A
SUITE 214-C
JUPITER FL 33477-4500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

08-7524442

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MURRAY, KATHARINE S
725 NORTH A1A
SUITE 214-C
JUPITER FL 33477

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	PCD	<input type="checkbox"/> Delete
NAME	CARDONE, NANCY	
STREET ADDRESS	11115 154TH RD N	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRENNER, RICHARD	
STREET ADDRESS	515 N FLAGLER DR #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VCPD	<input type="checkbox"/> Delete
NAME	MURRAY, KATHARINE	
STREET ADDRESS	135' LIGHTHOUSE DR	
CITY-ST-ZIP	JUPITER INLET COLONY FL 33469	
TITLE	VCPD	<input type="checkbox"/> Delete
NAME	HUKILL, BILL	
STREET ADDRESS	18190 Riveroaks Drive	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" 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		
TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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 #

KATHARINE MURRAY 29 Apr. 00 575-6778

CR2E037 (9/99)