

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 21, 2001 8:00 am
Secretary of State

04-03-2001 90055 034 ****61.25

DOCUMENT # N98000003215

1. Entity Name

SUBSTITUTE TEACHER'S ASSOCIATION OF PALM BEACH C

Principal Place of Business

Mailing Address

**1363 SAILBOAT CIRCLE
 WELLINGTON FL 33414**

**1363 SAILBOAT CIRCLE
 WELLINGTON FL 33414**

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 **65-0856527**

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

**KITTERIDGE, KAREN
 1363 SAILBOAT CIRCLE
 WELLINGTON FL 33414**

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	<input checked="" type="checkbox"/> Delete
NAME	FORREST, WILLIAM F	
STREET ADDRESS	2844 FLAMANGO LAKE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33408	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BIADASZ, PAUL	
STREET ADDRESS	787 DOGWOOD AVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRANET, LYNN	
STREET ADDRESS	518 AZURE AVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	YEAGER, JOANNE	
STREET ADDRESS	11 ALLWICK RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIRIZZI, LEN	
STREET ADDRESS	1605 S. US ONE, STE. 8B	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARPER, DOROTHY	
STREET ADDRESS	13057 MEADOW BREEZE DR	
CITY-ST-ZIP	WELLINGTON FL 33414	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Karen Kittredge	
STREET ADDRESS	1363 Sailboat Circle	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP Richard Bleckner	
STREET ADDRESS	1701 S. Flagler Dr.	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input 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		<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:

Lynn Granet

3-27-01

561-793-8764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)