

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003215

1. Entity Name

SUBSTITUTE TEACHER'S ASSOCIATION OF PALM BEACH COUNTY, INC.

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

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

T
TITLE NAME GRANET, LYNN
STREET ADDRESS 518 AZURE AVE
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

D
TITLE NAME YEAGER, JOANNE
STREET ADDRESS 11 ALLWICK RD
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

VPD
TITLE NAME BLECKNER, RICHARD
STREET ADDRESS 1701 S. FLAGER DR
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

PD
TITLE NAME KITTREDGE, KAREN
STREET ADDRESS 1363 SAILBOAT CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

☐ Delete

☐ Delete

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-7-02

561-793-8769



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)