

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006639

1. Entity Name

PALM BEACH COUNTY WORLDCLASS SCHOOLS INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90005 003 ****61.25

Principal Place of Business

~~222 LAKEVIEW AVENUE
1250
WEST PALM BEACH FL 33401~~

Mailing Address

~~222 LAKEVIEW AVENUE
1250
WEST PALM BEACH FL 33401-6149~~

2. Principal Place of Business

401 N. Flagler Dr.

3. Mailing Address

401 N. Flagler Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number
65-0940800

Applied For
Not Applicable

Zip
33401

Country
USA

Zip
33401

Country
USA

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

~~LINK, WENDY S
222 LAKEVIEW AVENUE
1250
WEST PALM BEACH FL 33401~~

Name ~~Alan Adams~~
Street Address (P.O. Box Number is Not Acceptable)
9614 Cypress Street
City Palm Beach Gardens, FL Zip Code 33410

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

7/11/00

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 NAME STREET ADDRESS CITY-ST-ZIP | PD HARRIS, DAVID 4400 PGA BLVD #900 PALM BEACH GARDENS FL 33410 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LINK, WENDY S 222 LAKEVIEW AVENUE STE 1250 WEST PALM BEACH FL 33401 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WATKINS, THOMAS 1551 PALM BEACH LAKES BLVD STE 400 WEST PALM BEACH FL 33401 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Alan Adams 9614 Cypress Street Palm Beach Gardens, FL 33410 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Jeff Perlman The Education Times 1300 Park of Commerce Blvd. Suite 272 Delray Beach, FL 33445 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD James McCoy 2480 Presidential Way Apt. 1502 West Palm Beach, FL 33401 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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

7/11/00

(561) 626-0911

Date

Daytime Phone #

CR2E037 (9/99)