

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006639

1. Entity Name

PALM BEACH COUNTY WORLDCLASS SCHOOLS INC.

Principal Place of Business

401 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

Mailing Address

401 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ADAMS, ALAN
9614 CYPRESS STREET
PALM BEACH GARDENS FL 33410

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

TITLE PD ☒ Delete
NAME HARRIS, DAVID
STREET ADDRESS 4400 PGA BLVD #900
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE TD ☒ Delete
NAME LINK, WENDY S
STREET ADDRESS 222 LAKEVIEW AVENUE, STE 1250
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE SD ☒ Delete
NAME WATKINS, THOMAS
STREET ADDRESS 1551 PALM BEACH LAKES, BLVD STE 400
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Adams, Alan
STREET ADDRESS 9614 Cypress St.
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE TD ☒ Change ☐ Addition
NAME Walk, Gary
STREET ADDRESS Boose, Casey, Ciklin et al
CITY-ST-ZIP 515 N. Flagler Drive, 18th Floor
West Palm Beach, FL 33401

TITLE SD ☒ Change ☐ Addition
NAME Cheryl Carpenter
STREET ADDRESS Palm Beach PR
CITY-ST-ZIP 230 Royal Palm Way, Suite 211
Palm Beach, FL 33480

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

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

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91098 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)