

# 2000 UNIFORM BUSINESS REPORT (UBR)

5.

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90970 049 \*\*\*\*61.25

**DOCUMENT # N99000000477**

1. Entity Name

**SCHOOLFIRST FOUNDATION, INC.**

Principal Place of Business

2100 S. OCEAN LN., NO. 212  
 FT. LAUDERDALE FL 33316

Mailing Address

2100 S. OCEAN LN., NO. 212  
 FT. LAUDERDALE FL 33316-3823

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0892805**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MOYE, DAVID W ESQ.**  
**FOWLER WHITE GILLEN BOGGS VILLAREAL, P.A.**  
**101 N. MONROE ST., STE. 1090**  
**TALLAHASSEE FL 32302**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**PRESIDENT/EXECUTIVE DIRECTOR**  
**CHRISTOPHER L. CURRAN**  
**2100 S. OCEAN LN. NO 212**  
**FT. LAUDERDALE, FL 33316**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**SECRETARY**  
**ROBERT A. HARVEY**  
**2100 S. OCEAN LN. NO 212**  
**FT. LAUDERDALE, FL 33316**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
**DIRECTOR**  
**MARIA RUIZ**  
**2100 S. OCEAN LN #212**  
**FT. LAUDERDALE, FL 33316**

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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 REQUIRED** **ROBERT A. HARVEY**

Date **5/1/00**

Daytime Phone # **954 763 4068**

CR2E037 (9/99)