

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-27-2001 90253 043 ****61.25

DOCUMENT # N99000000477

1. Entity Name

SCHOOLFIRST FOUNDATION, INC.

Principal Place of Business

Mailing Address

2100 S. OCEAN LN., NO. 212
FT. LAUDERDALE FL 333162100 S. OCEAN LN., NO. 212
FT. LAUDERDALE FL 33316

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

65-0892805

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

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

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 state 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	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PED CURRAN, CHRISTOPHER L 2100 S OCEAN LANE NO. 212 FORT LAUDERDALE FL 33316	<input type="checkbox"/>		<input type="checkbox"/>
SD HARVEY, ROBERT A 2100 S OCEAN LANE NO. 212 FORT LAUDERDALE FL 33316	<input type="checkbox"/>		<input type="checkbox"/>
D RUIZ, MARIA 2100 S OCEAN LANE #212 FORT LAUDERDALE FL 33316	<input checked="" type="checkbox"/>		<input type="checkbox"/>
D PACKARD, GEORGE 2810 SOUTHAVEN ROAD ANNAPOLIS, MD 21401	<input type="checkbox"/>		<input type="checkbox"/>
D WHITECLAW, ROBERT 1617 JFK BLVD, 19th FLR PHILADELPHIA, PA 19103	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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

Robert Harvey
 Robert Harvey

4/21/01
 Date

954 763 4068
 Daytime Phone #

CR2E037 (10/00)