

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001339

1. Entity Name

PARTNERSHIP FOR BETTER SCHOOL FUNDING, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90181 030 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 2148
FT. LAUDERDALE FL 33303

P.O. BOX 2148
FT. LAUDERDALE FL 33316-1036

2. Principal Place of Business

908 S. Andrews Avenue

Suite, Apt. #, etc.

3. Mailing Address

908 S. Andrews Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Fort Lauderdale

4. FEI Number

65-0898683

Applied For

Not Applicable

Zip

FL 33316

Country

Broward

Zip

FL 33316

Country

Broward

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

BOGDANOFF, ELLYN SETNOR
908 SOUTH ANDREWS AVENUE
FT. LAUDERDALE FL 33316

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Ellyn Setnor Bogdanoff	
STREET ADDRESS	908 S. Andrews Ave	
CITY-ST-ZIP	Fort Lauderdale FL 33316	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Evelyn Brown	
STREET ADDRESS	408 SE 12 Ct	
CITY-ST-ZIP	Fort Lauderdale FL 33304	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Thomas Gustafson	
STREET ADDRESS	408 Poinciana Drive	
CITY-ST-ZIP	Fort Lauderdale FL 33301	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Gail Choate	
STREET ADDRESS	2821 E Commercial Blvd #200	
CITY-ST-ZIP	Fort Lauderdale FL 33308	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Robin Meagher	
STREET ADDRESS	808 SW 116 Court	
CITY-ST-ZIP	Fort Lauderdale FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/00 954 767 0629

CR2E037 (9/99)