3/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
03-06-2001 90354 045 ****61.25

34228

DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000001339

1. Entity Name

PARTNERSHIP FOR BETTER SCHOOL FUNDING, INC.

Principal Place of Business	Mailing Address
908 S. ANDREWS AVENUE FORT LAUDERDALE FL 33316	908 S. ANDREWS AVENUE FORT 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 65-0898683 — 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
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 NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete BOADANOFF, ELLYN SETNOR 908 S. ANDREWS AVE FORT LAUDERDALE FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Director) ☐ Change ☒ Addition Beth Linzer 1001 W. Cypress Ck Rd Suite 320 Fort Lauderdale FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete BROWN, EVELYN 408 SE 12 CT FORT LAUDERDALE FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Fertig (Director) ☐ Change ☒ Addition 200 SE 13th Street Ft Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete GUSTATSON, THOMAS 408 POINCIANA DRIVE FORT LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☐ Change ☒ Addition Angel Cicerone 1035 S. Federal Hwy, #205 Delray Beach FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete CHOATE, GAIL 2821 E COMMERCIAL BLVD #200 FORT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete MEAGHER, ROBIN 808 SW 16 COURT FORT LAUDERDALE FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 3/1/01
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGED OFFICER OR DIRECTOR — Date — Daytime Phone #