

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001339

1. Entity Name

PARTNERSHIP FOR BETTER SCHOOL FUNDING, INC.

Principal Place of Business

908 S. ANDREWS AVENUE
FT. LAUDERDALE FL 33316

Mailing Address

908 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

921 SE 11 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT LAUDERDALE FL

Zip

Country

Zip

Country

33316

Broward

6. Name and Address of Current Registered Agent

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

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
NAME BOADANOFF, ELLYN SETNOR
STREET ADDRESS 908 S. ANDREWS AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE D
NAME LINZER, BETH
STREET ADDRESS 1001 W CYPRESS CK RD SUITE 320
CITY-ST-ZIP FT LAUDERDALE FL 33009 ☐ Delete

TITLE D
NAME FEETIGI, MARY
STREET ADDRESS 200 SE 13TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE D
NAME CICERONE, ANGEL
STREET ADDRESS 1035 S FEDERAL HWY #205
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 921 SE 11 CT
CITY-ST-ZIP FT LAUDERDALE FL 33316

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

TITLE ☒ Change ☐ Addition
NAME Mary Fertig - spelled wrong
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90015 019 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)