

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90314 047 *****61.50

DOCUMENT # N99000001339

1. Entity Name

PARTNERSHIP FOR BETTER SCHOOL FUNDING, INC.



Principal Place of Business

**908 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33316**

Mailing Address

**921 SE 11 COURT
FORT LAUDERDALE FL 33316**

2. Principal Place of Business

P.O. Box 460058

3. Mailing Address

P.O. Box 460058

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Laud

City & State

Fort Laud

Zip

33346

Country

FLA

Zip

33346

Country

FLA

4. FEI Number **65-0898683**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



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)

921 SE 11 Ct

City

Ft Lauderdale

FL

Zip Code

33316

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BOADANOFF, ELLYN SETNOR**
STREET ADDRESS **921 SE 11 COURT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

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

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

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
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Carole Buncanson**
STREET ADDRESS **605 SW 4 Ave**
CITY-ST-ZIP **FT. LAUD FL 33315**

TITLE **Director** ☐ Change ☒ Addition
NAME **Matthew Bogdanoff**
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
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 REQUIRED

4/15/03 984 767 9850

CR2E037 (10/02)