

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

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

0032925

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**



CHECK HERE IF MAKING CHANGES

City & State  
**Fort Laud**

City & State

4. FEI Number **65-0898683**

Applied For  
Not Applicable

Zip  
**33346**

Country  
**Ind**

Zip  
**33346**

Country  
**Ind.**

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)  
**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 \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<input type="checkbox"/> Delete <b>BOADANOFF, ELLYN SETNOR</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>921 SE 11 COURT</b>	NAME	
STREET ADDRESS	<b>FORT LAUDERDALE FL 33316</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>LINZER, BETH</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Director</b>
NAME	<b>1001 W CYPRESS CK RD SUITE 320</b>	NAME	<b>Carole Buncanson</b>
STREET ADDRESS	<b>FT. LAUDERDALE FL 33009</b>	STREET ADDRESS	<b>605 SW 4 Ave</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>FT. LAUD FL 33315</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>FERTIG, MARY</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Director</b>
NAME	<b>200 SE 13TH STREET</b>	NAME	<b>Matthew Bogdanoff</b>
STREET ADDRESS	<b>FORT LAUDERDALE FL 33316</b>	STREET ADDRESS	<b>921 SE 11 Ct</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Ft Lauderdale FL 33316</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>CICERONE, ANGEL</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>1035 S FEDERAL HWY #205</b>	NAME	
STREET ADDRESS	<b>DELRAY BEACH FL 33483</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)