Amended Report

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

DOCUMENT # N99 000001339

1. Entity Name
Partnership For Better School Funding Inc

FILED
03 SEP 26 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
908 South Andrews Ave.	P.O. Box 4600058
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Foet Lauderdale	City & State:
Zip: 33316 Country: Broward	Zip: 33346 Country: Fed.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0898683 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Ellyn Setnor Bogdanoff

Street Address (P.O. Box Number is Not Acceptable): 908 S. Andrews Avenue

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
Ken Pruitt, Chairman 3012 SW Collings Dr. Port St Lucie FL 34953	800023368268 09/26/03--01077--015 **61.25
Secretary Ellyn Setnor Bogdanoff 908 S. Andrews Ave Ft Lauderdale FL 33316	
Director Stanley Tate 1175 NE 125 St #102 No. Miami FL 33161	DO NOT WRITE IN THIS SPACE
Director Julie Spechler 9100 S. Dadeland Blvd Suite 1410 Miami FL 33156	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Secretary Ellyn Setnor Bogdanoff 9/24/03 954 767-9850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #