



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Beneficial Interest and Disclosure of Ownership Affidavit

Bid No. _____ Project No./ Title _____

Corporate Name THE EFFICACY INSTITUTE, INC Tax FEIN No. _____

Before me, the undersigned authority, personally appeared, JEFF HOWARD ("Corporate Representative") this _____ day of _____, 2003, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

<u>JEFF HOWARD</u>	<u>38. EVERETT AVE. WINCHESTER, MA</u>	<u>100%</u>
Name	Address	Percentage

_____	_____	_____
Name	Address	Percentage

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

_____	_____	_____
Name	Address	Percentage
_____	_____	_____
Name	Address	Percentage
_____	_____	_____
Name	Address	Percentage

C. Stock held for others and for whom held:

_____	_____	_____
Name	Address	Percentage
_____	_____	_____
From Whom Held	Address	Percentage
_____	_____	_____
Name	Address	Percentage
_____	_____	_____
From Whom Held	Address	Percentage
_____	_____	_____
Name	Address	Percentage
_____	_____	_____
From Whom Held	Address	Percentage

CORPORATE REPRESENTATIVE

By: JP Howard

SWORN TO and subscribed before me this 7th day of December, 2003, by JEFF HOWARD. Such person(s) (Notary Public must check applicable box).

☒ Is/are personally known to me. ☐ produced a current driver license(s). ☐ produced _____ as identification.

(NOTARY PUBLIC SEAL)

Linda M. Bacon
 Notary Public

LINDA M. BACON
 (Print, Type or Stamp Name of Notary Public)

My Commission Expires
11/25/05