

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

| Bid N | No. Consultant | Project No./ Title LA | KE WORTH COMMUNITY HIGH SCH | loor |
|----------------------|---|--|---|-----------------------------------|
| Corp | orate Name Ralph. | J. Milone | Tax FEIN No. 2 | 61-76-7450 |
| Repr | esentative") this | ed authority, personally appeared, day of prescribed for perjury, deposes an | , 200 5., who, first being duly sworn, a | , ("Corporate as required by law, |
| 1) C | 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. | | | |
| c fi | The following is a list of every "person" (as defined in Section 1.01(3), Florida Statues 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. P | ersons or corporate | entities owning 5% or more: | | |
| | Ralph J. Mil | lone 4321 Gulfstrea | am Road, Lake Worth, Florida 33461 | 100 |
| | Name | | Address | Percentage |
| | Name | | Address | Percentage |
| B. P | Name ersons or corporate | entities who hold by proxy the vot | Address ting power of 5% or more: | Percentage |
| _ | Name | | Address | Percentage |
| | Name | | Address | Percentage |
| | Name | | | |
| C. S | tock held for others | and for whom held: | Address | Percentage |
| | Name | | Address | Percentage |
| | From Whom Held | d | Address | Percentage |
| | Name | | Address | Percentage |
| | From Whom Held | t e | Address | Percentage |
| | Name | | Address | Percentage |
| | From Whorn Held | i e | Address | Percentage |
| | | COR By:_ | PORATE REPRESENTATIVE | |
| SWOI | RN TO and subs | scribed before me this | day of <i>Novemble</i> ary Public must check applicable box). | EP, 200 <u>5</u> , by |
| 1s/ | are personally know | n to me. produced a current dr | iver license(s). D produced | _ as identification. |
| (NOTARY PUBLIC SEAL) | | | Via Da | - Continuation |
| | | Lisa A Stanley | Notary Public | ianceg |
| PBSD 19 | 997 (NEW 11/6/2002) | MY COMMISSION # DD150257 EXPIRES November 30, 2006 BONDED THRU TROY FAIN INSURANCE, INC. | (Print, Type or Stamp Name of Not | ary Public) |