

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90053 045 ****61.25

DOCUMENT # 749800
 1. Entity Name
BET SEFER ACADEMY, INC.

Principal Place of Business Mailing Address
55 NO. WASHINGTON ST. ORMOND BEACH FL 32174 **55 NO. WASHINGTON ST. ORMOND BEACH FL 32174-5660**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-1948224** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HEASTER, BARBAREE
91 RIDGEFIELD PLACE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent
 Name **Heaster, Barbaree**
 Street Address (P.O. Box Number is Not Acceptable) **15 Moss Point Drive**
 City **Ormond Beach** FL Zip Code **32174**

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.

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RITTER, LYNNE	
STREET ADDRESS	24 INQUIPIS TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NEWMNA, TOM	
STREET ADDRESS	4 RIVER RIDGE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOHEN, MARIAN	
STREET ADDRESS	74 OAKMONT CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLOOM, VERA	
STREET ADDRESS	124 HOLLOW BRANCH CROSSING	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAISEL, BARBARA	
STREET ADDRESS	113 RIO PINAR TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RHODES, LISA	
STREET ADDRESS	5 RIVERRIDGE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ritter, Lynne	
STREET ADDRESS	24 Iroquois Trail	
CITY-ST-ZIP	Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tabasky, Edna	
STREET ADDRESS	152 Sandcastle Dr.	
CITY-ST-ZIP	Ormond Beach, FL. 32176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rabin, Ellen	
STREET ADDRESS	19 Choctaw Trail	
CITY-ST-ZIP	Ormond Beach, FL. 32174	
TITLE	T	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maisel, Barbara	
STREET ADDRESS	4894 Bradshaw Court	
CITY-ST-ZIP	San Diego, Ca. 92130	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **2/8/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #