

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90111 050 ****61.25

0002082

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**HEASTER, BARBAREE
 15 MOSS POINT DR
 ORMOND BEACH FL 32174**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **RITTER, LYNNE**
 STREET ADDRESS **24 IROQUIOS TR**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **TABASKY, EDNA**
 STREET ADDRESS **152 SANDCASTLE DR**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KOHEN, MARIAN**
 STREET ADDRESS **74 OAKMONT CIRCLE**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **RABIN, ELLEN**
 STREET ADDRESS **19 CHOCTAW TR**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **MAISEL, BARBARA**
 STREET ADDRESS **4894 BRADSHAW CT**
 CITY-ST-ZIP **SAN DIEGO CA 92130**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **RHODES, LISA**
 STREET ADDRESS **5 RIVERRIDGE TRAIL**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynne Ritter

1/11/02

Date

Daytime Phone #

386-676-0539

CR2E037 (9/01)