

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

0052031

DOCUMENT # 750587

04-23-2001 90108 006 ****61.25

1. Entity Name

DEERFIELD BEACH AUXILIARY OF THE HABILITATION CE

Principal Place of Business

Mailing Address

22313 BOCA RIO ROAD
 BOCA RATON FL 33433

22313 BOCA RIO ROAD
 BOCA RATON FL 33433

0 0 0 4 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2024495

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FERRIS, WILLIAM C.
22313 BOCA RIO ROAD
BOCA RATON, FL
BOCA RATON FL 33433

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	TD	<input checked="" type="checkbox"/> Delete
NAME	SAPOSNEKOO, LOUIS	
STREET ADDRESS	2040 LYN DHURST J	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000 33442	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TRACTENBERG, JOSEPH	
STREET ADDRESS	3031 LYN DHURST J	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SAPOSNEKOO, SYLVIA Z	
STREET ADDRESS	2040 LYN DHURST J	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000 33442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHERNOFF, BETH	
STREET ADDRESS	235 TILFORD L	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYLVIA SAPOSNEKOO	
STREET ADDRESS	2040 LYN DHURST J	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GINGER GOLDIN	
STREET ADDRESS	KESWICK L, # 155	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY CHERNOFF	
STREET ADDRESS	TILFORD L, # 233	
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNARD CHERNOFF	
STREET ADDRESS	TILFORD L, # 233	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sylvia Z. Saposneko SYLVIA SAPOSNEKOO

4/17/01 (954) 426-1432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)