

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90070 030 ****61.25

DOCUMENT # 762010

1. Entity Name

LOXAHATCHEE NATURAL HISTORY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2737
DELRAY BEACH FL 33447-2737
US

P.O. BOX 2737
DELRAY BEACH FL 33447-2737
US

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

59-2152926

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

SCHOEN, JED
5835 NW 42ND WAY
BOCA RATON FL 33496

Name

NELSON STANTON

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

11731 BRIARWOOD CIRCLE

City

BOYNTON BEACH

FL

Zip Code

33437

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 **NELSON STANTON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/02

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 **STANTON, NELSON**
STREET ADDRESS **11731 BRIARWOOD CIR**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Change ☐ Addition
NAME **MYRNA RODKIN**
STREET ADDRESS **4060 BOCAIRE BLVD**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **VD** ☒ Delete
NAME **BUXTON, IRVING**
STREET ADDRESS **7892 MANSFIELD HOLLOW**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **VID** ☐ Change ☒ Addition
NAME **RUTH LEVOW**
STREET ADDRESS **6950 COUNTRY PLACE ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **P** ☒ Delete
NAME **ALBERTSON, HAL**
STREET ADDRESS **5295 PARK PLACE CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **P** ☐ Change ☒ Addition
NAME **PHILLIP MCCOLLEMAN**
STREET ADDRESS **19272 CARIBBEAN COURT**
CITY-ST-ZIP **TEQUESTA FLA. 33469**

TITLE **D** ☒ Delete
NAME **GOLDMAN, JAY**
STREET ADDRESS **7760A LEXINGTON CLUB BLV**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **HARVEY EISEN**
STREET ADDRESS **21643 CYPRESS ROAD**
CITY-ST-ZIP **HORIZONS AT BOCA BOCA RATON, FL 33433**

TITLE **D** ☐ Delete
NAME **COGSWELL, RUTH**
STREET ADDRESS **1000 D CIRCLE TERR E**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **D** ☐ Change ☐ Addition
NAME **JEAN POLESNICK**
STREET ADDRESS **6794 MOONLIT DRIVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33446-1632**

TITLE **DS** ☒ Delete
NAME **SCHOEN, JED**
STREET ADDRESS **5835 NW 42ND WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **T/D** ☐ Change ☒ Addition
NAME **JAY LITT**
STREET ADDRESS **7056 FALLS ROAD E.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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:

NELSON STANTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02

561-732-8815

CR2E037 (9/01)