

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90065 039 ****61.25

DOCUMENT # N30934

1. Entity Name

THE OAK SCHOOL OF DELRAY BEACH, INC.

Principal Place of Business

Mailing Address

% PHILIP M. SPRINKLE, II
 777 S FLAGLER DR STE 900
 W. PALM BEACH FL 33401-3169

% PHILIP M. SPRINKLE, II
 777 S FLAGLER DR STE 900
 W. PALM BEACH FL 33401-6161

D0016912



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

65-0144766

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

SPRINKLE, PHILIP M., II
777 S. FLAGLER DR
SUITE 900
W. PALM BEACH FL 33401

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 type="checkbox"/> Delete
NAME	ROMFH, NANCY, A	
STREET ADDRESS	3261 HOYLAKELAKE RD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOUW, CATHERINE	
STREET ADDRESS	1231 VISTA DEL MAR DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOUW, ARMAND	
STREET ADDRESS	1231 VISTA DEL MAR DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROMFH, ELISABETH, R	
STREET ADDRESS	8643 S 45TH ST	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMFH, JULES	
STREET ADDRESS	8643 S 45TH ST	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LALANE, ROBERT	
STREET ADDRESS	832 SW 36TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elisabeth R. Romfh*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elisabeth R.
 Romfh

02-02-00 561-272-8415
 Date Daytime Phone #