

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90059 005 \*\*\*\*61.25

**DOCUMENT # N42531**

1. Entity Name

**THE HOLOCAUST EDUCATIONAL CENTER OF VOLUSIA AND FLAGLER COUNTIES, INC.**

Principal Place of Business

Mailing Address

**1 FLORIDA PARK DRIVE  
 SUITE 110  
 PALM COAST FL 32137**

**1 FLORIDA PARK DRIVE  
 SUITE 110  
 PALM COAST FL 32137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3058593**

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

**CONNER, TIMOTHY J  
 1 FLORIDA PARK DRIVE NORTH.  
 SUITE 110  
 PALM COAST FL 32137**

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 NAME	<b>PD SILVERMAN, BEATRICE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>444 SEABREEZE BLVD.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE NAME	<b>STD GUTIERREZ, REGINA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1 FLORIDA PARK DRIVE N., SUITE 110</b>	
CITY-ST-ZIP	<b>PALM COAST FL</b>	
TITLE NAME	<b>D SHENKER, BENJAMIN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>863 LOYOLA DRIVE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Beatrice Silverman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

Date Daytime Phone #

CR2E037 (9/01)