

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47131

1. Entity Name

BOCA RATON COMPUTER SOCIETY, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90061 047 ****61.25

Principal Place of Business

Mailing Address

436 SW 4TH AVE
 BOYNTON BEACH FL 33435
 US

436 SW 4TH AVE
 BOYNTON BEACH FL 33435-4835
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0322952

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND BLVD.
 PLANTATION FL 33324

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	V	<input type="checkbox"/> Delete
NAME	MURRAY, TIANO	
STREET ADDRESS	8041 SUMMERVIEW TERR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD	
STREET ADDRESS	7470 SAN CLEMENTE PL.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRUPOWIES, LORRAINE M.	
STREET ADDRESS	436 SW 4TH AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUMMINS, RICHARD	
STREET ADDRESS	2015 NW 66TH DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIRSCHAN, STANLEY	
STREET ADDRESS	4643 SEXRANT CIT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRENCH, LARRY	
STREET ADDRESS	21733 CHIMNEY ROCK PARK	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAM WYDE	
STREET ADDRESS	4466 KING THEODORE DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK DAVID	
STREET ADDRESS	1700 DOVER RD #108A	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILTON WULFSON	
STREET ADDRESS	12692 CORAL LAKES DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" 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: *Lorraine M. Krupowies* 4-9-00 561-734-5985
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Treas.* Date Daytime Phone #

CR2E037 (9/99)