

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90171 007 \*\*\*\*61.25

**DOCUMENT # N93000005653**

1. Entity Name

**BOCA RATON JEWISH COMMUNITY DAY SCHOOL, INC.**

Principal Place of Business

Mailing Address

21011 95TH AVE SOUTH  
 BOCA RATON FL 33428

21011 95TH AVE SOUTH  
 BOCA RATON FL 33428-1525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0489297**

Applied For

Not Applicable

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

**DOLGOW, ELISE**  
 21011 95TH AVE. SOUTH  
 BOCA RATON FL 33428

Name **ELISE DOLGOW**  
 Street Address (P.O.-Box Number is Not Acceptable) **510 Boca Raton Jewish Community Day School**  
**21011 95TH AVE SOUTH**  
 City **BOCA RATON** FL Zip Code **33428**

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.

**{ ADDRESS CHANGE ONLY }**  
**THANK YOU**

SIGNATURE *X Elise Dolgow*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/12/00**

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRUHL, TED</b>	
STREET ADDRESS	<b>17891 LAKE ESTATES DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DUBOSAR, HOWARD</b>	
STREET ADDRESS	<b>10624 MENDOCINO LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DOLGOW, ELISE</b>	
STREET ADDRESS	<b>21011 95TH AVE. SOUTH</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WIESS, DANIEL</b>	
STREET ADDRESS	<b>7839 CUMMINGS LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**1/12/00**

Date

**561-470-5000**

Daytime Phone #

CR2E037 (9/99)