

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90115 022 ****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

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
%BOCA RATON JEWISH COMM DAY SCH
21011 95TH AVE SOUTH
BOCA RATON FL 33428

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

SIGNATURE REQUIRED ELISE DOLGOW

1/5/01

561-470-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)