

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003933

1. Entity Name

THE HEBREW DAY SCHOOL OF FORT LAUDERDALE, A PRIV

Principal Place of Business

Mailing Address

6511 W SUNRISE BLVD.
PLANTATION FL 33313

6511 W SUNRISE BLVD.
PLANTATION FL 33313-6036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1606514

Applied For

Not Applicable

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

STRAUS, ARNOLD JR
10081 PINES BLVD
SUITE C
PEMBROKE PINES FL 33024

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 STREET ADDRESS CITY-ST-ZIP	PD DRESSCHER, MURRY 120 SW 101 TERR PLANTATION FL 33324	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOBER, FRANK 9500 NW 44TH AVE CORAL SPRINGS FL 33065	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEIBOWICH, ARON 3604 HERON RIDGE LN WESTON FL 33331	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOGEL, JERRY 8953 NW 1ST ST CORAL SPRINGS FL 33071	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VD WEINTRAUB, TRACY 19166 NW 13 CT PEMBROKE PINES FL 33029	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VD JACOBS, ORLY 7401 NW 7 STREET PLANTATION FL 33317	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANDS, LEONARD 11351 SW 25 CT DADE CR 33328	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Seth Dennis 172 DICKINSON LANE WESTON FL 33327	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Greer, Wai 10518 24th St Coral City FL 33026	☐ Change ☒ Addition

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:

Longenecker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90032 040 ****61.25



DO NOT WRITE IN THIS SPACE