## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 24, 2001 8:00 am Secretary of State DOCUMENT # N9800003933 1. Entity Name THE HEBREW DAY SCHOOL OF FORT LAUDERDALE, A PRIV 01-24-2001 90037 039 \*\*\*\*61.25 Mailing Address Principal Place of Business 6511 W SUNRISE BLVD. 6511 W SUNRISE BLVD. PLANTATION FL 33313 PLANTATION FL 33313 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE, Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1606514 Not Applicable Country **\$8.75** Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 25HNEDDER (P.O. Box Number is Not Acceptable) STRAUS, ARNOLD JR 10081 PINES BLVD SUITE C PEMBROKE PINES FL 33024 submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE TITLE DRESCHER, MURRY NAME NAME STREET ADDRESS 120-SW 101 TERR STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ЬP ۷D TIT! F ☐ Delete TITLE GOBER, FRANK NAME NAME STREET ADDRESS 9500 NW 44TH AVE STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33065** CITY-ST-ZIP **X** Addition TITLE Celete TITLE LEWIS, MICHAEL LEIBOWICH, ARON NAME NAME QUZO SEA TURTLE MANOR 3604-HERON RIDGE LN STREET ADDRESS STREET ADDRESS PLANTATION, CITY-ST-ZIP WESTON FL 33331 CITY-ST-7IP ☐ Change **M** Addition Delete TITLE TITLE TODRYNIEC LEONARDO FOGEL, JEBRY NAME NAME PLANTATUM 8953 NW 1ST ST STREET ADDRESS STREET ADDRESS , PL 33322 CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIE 🖬 Change ☐ Addition VP/D TITLE ☐ Delete TITLE WEINTRAUB, TRACY NAME NAME STREET ADDRESS STREET ADDRESS 19166 NW 13 CT CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP Change ア/り Delete TITLE TITLE SCHNEIDER, PAUL JACOBS, ORLY NAME NAME 7401 NW / STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION CITY-ST-ZIP PLANTATION FL 33317 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 cath; 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 attackment with an address with all other like empowered.

TREASURER

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

9/2001

954)583-6100

FILED