

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003933

1. Entity Name

THE HEBREW DAY SCHOOL OF FORT LAUDERDALE, A PRIVATE SCHOOL, INC.

Principal Place of Business

6511 W SUNRISE BLVD.
PLANTATION FL 33313

Mailing Address

6511 W SUNRISE BLVD.
PLANTATION FL 33313

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

SCHNEIDER, PAU
5860 PETERS RD
F-110
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 ~~PD~~ ☐ Delete
NAME GOBER, FRANK
STREET ADDRESS 9500 NW 44TH AVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ~~D~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VP~~ ☐ Delete
NAME LEWIS, PETERS
STREET ADDRESS 9420 SEA TURTLE MANOR
CITY-ST-ZIP PLANTATION FL 33324

TITLE ~~PD~~ ☒ Change ☐ Addition
NAME LEWIS, MICHAEL
STREET ADDRESS 9420 SEA TURTLE MANOR
CITY-ST-ZIP PLANTATION FL 33324

TITLE ~~VP~~ ☒ Delete
NAME KOBRYNIEC, LEONARDO
STREET ADDRESS 779 NW 91ST TERR
CITY-ST-ZIP PLANTATION FL 33322

TITLE ~~KOBRYNIEC~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VPD~~ ☒ Delete
NAME WEINTRAUB, TRACY
STREET ADDRESS 19166 NW 13 CT
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~PD~~ ☐ Delete
NAME SCHNIEDER, PAUL
STREET ADDRESS 10840 NW 10TH ST
CITY-ST-ZIP PLANTATION FL 33322

TITLE ~~VPD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS 10110 NW 10TH ST
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

PAUL F. SCHNIEDER
SIGNATURE REQUIRED V.P.

4/11/02 954-583-6100

Date

Daytime Phone #

CR2E037 (9/01)