

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750587

1. Entity Name

DEERFIELD BEACH AUXILIARY OF THE HABILITATION CE

Principal Place of Business

Mailing Address

22313 BOCA RIO ROAD  
BOCA RATON FL 33433

22313 BOCA RIO ROAD  
BOCA RATON FL 33433-4701

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

59-2024495

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

FERRIS, WILLIAM C.  
22313 BOCA RIO ROAD  
BOCA RATON, FL  
BOCA RATON FL 33433

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 ☐ Delete  
NAME TD  
STREET ADDRESS SAPOSNEKOO, LOUIS  
CITY-ST-ZIP 2040 LYNDHURST J  
DEERFIELD BCH, FL 00000 33442

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS TRACTENBERG, JOSEPH  
CITY-ST-ZIP 3031 LYNDHURST J  
DEERFIELD BEACH FL 33442

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS SAPOSNEKOO, SYLVIA Z  
CITY-ST-ZIP 2040 LYNDHURST J  
DEERFIELD BCH, FL 00000 33442

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

TITLE ☒ Delete  
NAME SD  
STREET ADDRESS SCHUMAN, SELMA  
CITY-ST-ZIP 2002 UPMINSTER J  
DEERFIELD BEACH, FL 00000

TITLE ☐ Change ☒ Addition  
NAME SD  
STREET ADDRESS BETT CHERNOFF  
CITY-ST-ZIP 233 TILFORD L  
DEERFIELD BEACH, 33442

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Louis Saposnekoo* LOUIS SAPOSNEKOO 1/12/00 (954) 926-1432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90293 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)