

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90108 006 \*\*\*\*61.25

**DOCUMENT # 750587**

1. Entity Name

**DEERFIELD BEACH AUXILIARY OF THE HABILITATION CE**

Principal Place of Business

22313 BOCA RIO ROAD  
 BOCA RATON FL 33433

Mailing Address

22313 BOCA RIO ROAD  
 BOCA RATON FL 33433

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

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

7. Name and Address of New Registered Agent

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SAPOSNEKOO, LOUIS	
STREET ADDRESS	2040 LYNDHURST J	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000 33442	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TRACTENBERG, JOSEPH	
STREET ADDRESS	3031 LYNDHURST J	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SAPOSNEKOO, SYLVIA Z	
STREET ADDRESS	2040 LYNDHURST J	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000 33442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHERNOFF, BETH	
STREET ADDRESS	235 TILFORD L	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYLVIA SAPOSNEKOO	
STREET ADDRESS	2040 LYNDHURST J	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GINGER GOLDIN	
STREET ADDRESS	KESWICK L, #155	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY CHERNOFF	
STREET ADDRESS	TILFORD L, #233	
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNARD CHERNOFF	
STREET ADDRESS	TILFORD L, #233	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)