

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763325

1. Entity Name

BOCA CENTURY SYMPHONY ORCHESTRA, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90007 021 *****8.75
07-17-2000 90116 042 *****61.25

Principal Place of Business

Mailing Address

CENTURY VILLAGE CLUB HOUSE
19296 LYONS RD
BOCA RATON FL 33434
US

SYLVIA LEITNER
1034 EXETER B
BOCA RATON FL 33434-2968
US

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

59-2071392

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

LEITNER, SYLVIA
1034 EXETER B
BOCA RATON FL 33434

Name
BOCA CENTURY Symphony Orchestra Inc.
Street Address (P.O. Box Number is Not Acceptable)
1034 EXETER B
BOCA RATON FL 33434
City
BOCA RATON FL Zip Code
33434

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

Sylvia Leitner - Treasurer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

6/16/2000
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	D LEITNER, FREDERICK 1034 EXETER B BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WASSERMAN, SEYMOUR GUILDFORD E 482 BOCA RATON, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEITNER, SYLVIA EXETER B 1034 BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JABLOW, CECIL 2037 REXFORD C BOCA RATON FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBOUM, BURT AINSLIE D 2064 BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROTHMAN, BUD 21209 LAGO CIR BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sylvia Leitner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)