

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J80668

1. Entity Name

CHRISTOPHER CENTER, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90042 033 \*\*\*150.00

Principal Place of Business      Mailing Address  
% FRED SCHWARTZ      % FRED SCHWARTZ  
2715 SPANISH RIVER RD      2715 SPANISH RIVER RD  
BOCA RATON FL 33432      BOCA RATON FL 33432-8134

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      59-2832331

Applied For

Not Applicable

5. Certificate of Status Desired      ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

SCHWARTZ, ZELMA  
2715 SPANISH RIVER ROAD  
BOCA RATON FL 33432

## 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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)      ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.      ☐

**\$5.00 May Be  
Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE      PD      ☐ Delete  
NAME      SCHWARTZ, FRED  
STREET ADDRESS      2715 SPANISH RIVER RD  
CITY-ST-ZIP      BOCA RATON FL

TITLE      VPD      ☐ Delete  
NAME      SCHWARTZ, DOUGLAS  
STREET ADDRESS      2410 HALYARD DRIVE  
CITY-ST-ZIP      MERRICK, NY

TITLE      STD      ☐ Delete  
NAME      SCHWARTZ, SUSAN  
STREET ADDRESS      17 RYDER AVENUE  
CITY-ST-ZIP      DIX HILLS NY

TITLE           ☐ Delete  
NAME           ☐ Delete  
STREET ADDRESS           ☐ Delete  
CITY-ST-ZIP           ☐ Delete

TITLE           ☐ Delete  
NAME           ☐ Delete  
STREET ADDRESS           ☐ Delete  
CITY-ST-ZIP           ☐ Delete

TITLE           ☐ Delete  
NAME           ☐ Delete  
STREET ADDRESS           ☐ Delete  
CITY-ST-ZIP           ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE      STD      ☒ Change      ☐ Addition  
NAME      Schwartz, Susan  
STREET ADDRESS      17992 Foxborough Lane, Boca Raton, Fla  
CITY-ST-ZIP      33496      ☐ Change      ☐ Addition

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

1-20-2000

561-368-1752