

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90360 014 ****61.25

DOCUMENT # N00000005351

1. Entity Name

STUDY ZONE OF SOUTH FLORIDA, INC.



Principal Place of Business

**10209 SPYGLASS WAY
BOCA RATON FL 33498**

Mailing Address

**10209 SPYGLASS WAY
BOCA RATON FL 33498**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1036173**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANZ, MURRAY
10209 SPYGLASS WAY
BOCA RATON FL 33498**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DANZ, MURRAY**
STREET ADDRESS **10209 SPYGLASS WAY**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **CEO D** ☐ Change ☒ Addition
NAME **ARNOLD LEVINE**
STREET ADDRESS **10478 STONEBRIDGE BLVD.**
CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE **VPD** ☒ Delete
NAME **NELSON, GEORGE**
STREET ADDRESS **9610 CONCHESHELL MANOR**
CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE **SD** ☐ Delete
NAME **DANZ, IRENE**
STREET ADDRESS **10209 SPY GLASS WAY**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition
NAME **IRENE DANZ IS NOT A**
STREET ADDRESS **DIRECTOR ANYMORE**
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **GRUNTER, RHONDA**
STREET ADDRESS **2173 NW 99 WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **ADAM WACHTEL**
CITY-ST-ZIP **264 PINE RD.**

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

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **JOSHUA GOLDSTEIN**
CITY-ST-ZIP **66 TRANQUILITY RD.**

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

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

SIGNATURE REQUIRED

4/16/03

561-451-9907

CR2E037 (10/02)