

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

1995 JUL 20 AM 10:18

SEAL OF THE STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N08852 (8)

1. Corporation Name

THE LEHRMAN DAY SCHOOL, INC.

Principal Place of Business

727 77TH STREET
 MIAMI BEACH FL 33141

Mailing Address

1701 WASHINGTON AVE
 MIAMI BCH FL 33139
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1985

3a. Date of Last Report

03/22/1994

4. FEI Number

59-0711180

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

☐

\$5.00 May Be
 Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

**FILING FEE IS
 \$61.25**

8. The corporation has liability for intangible tax under s. 199.032,
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

SCHANTZ, SCHATZMAN & AARONSON
 200 S BISCAYNE BLVD #3650
 SE FINANCIAL CENTER
 MIAMI FL 33131-2394

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D
 SCHANTZ, LAWRENCE M.
 200 S.BISCAYNE BLVD 3090
 MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D
 MALEK, ROCHELLE
 420 LINCOLN RD.
 MIAMI BCH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P
 STAMM, WARREN
 6100 LA GORCE DR
 MIAMI BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D
 BARR, ARTHUR
 1000 ISLAND BLVD
 NORTH MIAMI BCH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

T
 HERRUP, LAURENCE
 4770 BISCAYNE BLVD SUITE 1070
 MIAMI FL 33137

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

VP
 NASH, CYNTHIA
 1433 W 22ND ST
 MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

(P) Revitz, Mark
 10665 N.E. Quay Bridge Ct.
 Miami, FL 33138

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☒ Change ☐ Addition

(T) Holtz, Javier
 94 La Gorce Circle
 Miami Beach, FL 33141

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

(VP) Taylor, Mitchell
 1111 Kane Concourse #619
 Bay Harbor, FL 33154

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Schantz

6/15/95 (305) 371-3100