

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N08852**

**(8)**

1. Corporation Name

**THE LEHRMAN DAY SCHOOL, INC.**

Principal Place of Business

Mailing Address

**727 77TH STREET  
MIAMI BEACH FL 33141**

**1701 WASHINGTON AVE  
MIAMI BCH FL 33139  
US**



3. Date Incorporated or Qualified

**04/22/1985**

3a. Date of Last Report

**07/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-0711180**

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

6. Election Campaign Financing

☐

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

24

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **SCHANTZ, LAWRENCE M.**  
STREET ADDRESS **200 S.BISCAYNE BLVD 3000**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MALEK, ROCHELLE**  
STREET ADDRESS **420 LINCOLN RD.**  
CITY-ST-ZIP **MIAMI BCH FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **REVIT, MARK**  
STREET ADDRESS **10865 NE QUAY BRIDGE CT**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **REVITZ, MARK**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BARR, ARTHUR**  
STREET ADDRESS **1000 ISLAND BLVD**  
CITY-ST-ZIP **NORTH MIAMI BCH FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **HOLTZ, JAVIER**  
STREET ADDRESS **94 LA GORCE CIRCLE**  
CITY-ST-ZIP **MIAMI BEACH FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **TAYLOR, MITCHELL**  
STREET ADDRESS **1111 KANE CONCOURSE 619**  
CITY-ST-ZIP **BAY HARBOR FL**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **TAYLOR, MITCHELL**  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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**

Date

**1/16/96**

Daytime Phone #

**538-2503(305)**

CR2E037 (12/95)