

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/29/00-90036-002-\$61.25-\$61.25

**DOCUMENT # N08852**

1. Entity Name

**THE LEHRMAN DAY SCHOOL, INC.**

**FILED**

**00 MAR 24 PM 3:21**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
80010100

Principal Place of Business

727 77TH STREET  
MIAMI BEACH FL 33141

Mailing Address

~~1701 WASHINGTON AVE~~ **727-77th Street**  
~~MIAMI BCH FL 33149-7541~~ **MIAMI BEACH, FL 33141**  
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0711180**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEHRMAN, RICHARD**  
**777 41ST ST**  
**4TH FL**  
**MIAMI BCH FL 33140**

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 re-registering)

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

D  
D  
D

TITLE: PD  
NAME: HOLLO, TIBOR  
STREET ADDRESS: 100 S BAYSHORE DR, STE 1100  
CITY-ST-ZIP: MIAMI FL 33131  
 Delete

TITLE: VD  
NAME: EIDELSTEIN, GARY  
STREET ADDRESS: 2665 S BAYSHORE DR, STE 808  
CITY-ST-ZIP: MIAMI BCH FL 33133  
 Delete

TITLE: D  
NAME: REVITZ, MARK  
STREET ADDRESS: 10665 NE QUAY BRIDGE CT  
CITY-ST-ZIP: MIAMI FL  
 Delete

TITLE: SD  
NAME: LEHRMAN, RICHARD  
STREET ADDRESS: 777 41ST ST, 4TH FL  
CITY-ST-ZIP: MIAMI BCH FL 33140  
 Delete

TITLE:  Delete

TITLE:  Delete

TITLE:  Change  Addition

TITLE: **PRESIDENT**  
NAME:  Change  Addition

TITLE: **VICE PRESIDENT**  
NAME:  Change  Addition

TITLE:  Change  Addition

TITLE:  Change  Addition

TITLE: **SP**  
 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**

1/25/00

305 524-1323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #