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

Principal Place of Business
727 77TH STREET
MIAMI BEACH FL 33141

Mailing Address
~~1701 WASHINGTON AVE~~
~~MIAMI BCH FL 00100-7541~~
~~US~~
727 - 77th Stre
Miami Beach, Fl 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-0711180 | Applied For | Not Applied For

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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	
TITLE	PD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	HOLLO, TIBOR	NAME	
STREET ADDRESS	100 S BAYSHORE DR, STE 1100	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	EIDELSTEIN, GARY	NAME	
STREET ADDRESS	2665 S BAYSHORE DR, STE 908	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33133	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	REVITZ, MARK	NAME	
STREET ADDRESS	10665 NE QUAY BRIDGE CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEHRMAN, RICHARD	NAME	
STREET ADDRESS	777 41ST ST, 4TH FL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33140	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	SP
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X SIGNATURE REQUIRED 1/25/00 305 534-1323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #