

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47131

1. Entity Name

BOCA RATON COMPUTER SOCIETY, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90061 047 ****61.25

Principal Place of Business

Mailing Address

436 SW 4TH AVE
BOYNTON BEACH FL 33435
US

436 SW 4TH AVE
BOYNTON BEACH FL 33435-4835
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0322952

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND BLVD.
PLANTATION FL 33324

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 **V** ☐ Delete
NAME **MURRAY, TIANO**
STREET ADDRESS **8041 SUMMERVIEW TERR**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MILLER, RICHARD**
STREET ADDRESS **7470 SAN CLEMENTE PL**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ Change ☒ Addition
NAME **ADAM WYDE**
STREET ADDRESS **4466 KING THEODORE DR**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **T** ☐ Delete
NAME **KRUPOWIES, LORRAINE M.**
STREET ADDRESS **436 SW 4TH AVE.**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **MARK DAVID**
STREET ADDRESS **1700 DOVER RD #108A**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **D** ☐ Delete
NAME **CUMMINS, RICHARD**
STREET ADDRESS **2015 NW 66TH DR**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☐ Change ☒ Addition
NAME **MILTON WULFSON**
STREET ADDRESS **12692 CORAL LAKES DR.**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D** ☐ Delete
NAME **HIRSCHAN, STANLEY**
STREET ADDRESS **4643 SEXRANT CIT**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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

TITLE **S** ☐ Delete
NAME **FRENCH, LARRY**
STREET ADDRESS **21733 CHIMNEY ROCK PARK**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ Change ☐ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)