

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90032 010 \*\*\*\*61.25

**DOCUMENT # N47131**

1. Entity Name

**BOCA RATON COMPUTER SOCIETY, INC.**

Principal Place of Business

Mailing Address

**436 SW 4TH AVE  
BOYNTON BEACH FL 33435  
US**

**436 SW 4TH AVE  
BOYNTON BEACH FL 33435  
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

**OT CORPORATION SYSTEM  
200 SOUTH PINE ISLAND BLVD.  
LANTATION 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 ☒ **VP** ☐ Delete  
NAME **SEGAL, OSCAR**  
STREET ADDRESS **7703 STIRLING BRIDGE, NO**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ **VP** ☐ Change ☒ Addition  
NAME **Stanley L. Silver**  
STREET ADDRESS **7922 Stirling Bridge Blvd.**  
CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE ☐ **D** ☐ Delete  
NAME **RUTSTEIN, GERALD**  
STREET ADDRESS **6361 VIA VENETIA, NORTH**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ **S** ☐ Change ☒ Addition  
NAME **Bill Marcuse**  
STREET ADDRESS **6131 Sunrise Pointe Ct**  
CITY-ST-ZIP **Delray Beach, FL 33483**

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

TITLE ☐ **D** ☐ Change ☒ Addition  
NAME **Robert M. Wagner**  
STREET ADDRESS **22454 Sea Bass Dr.**  
CITY-ST-ZIP **Boca Raton, FL 33428**

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

TITLE ☒ **D** ☐ Change ☐ Addition  
NAME **Richard Cummins**  
STREET ADDRESS **6378 Casabella Lane**  
CITY-ST-ZIP **Boca Raton, FL 33433**

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

TITLE ☐ **D** ☐ Change ☒ Addition  
NAME **Ray Sollberger**  
STREET ADDRESS **9731 Colorado Ct.**  
CITY-ST-ZIP **BocaRaton, FL 33434**

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

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. *LORRAINE M. KRUPOWIES*

SIGNATURE:

*Lorraine M. Krupowies, Treas* 3/5/02 561-734-5985

CR2E037 (9/01)