2002 UNIFORM BUSINESS REPORT (UBR)

CONTRACTOR OTROS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 28, 2002 8:00 am Secretary of State DOCUMENT # N9300004312 1. Entity Name 03-18-2002 90020 011 ****61.25 THE REGIONAL RELIGIOUS SCHOOL OF BOYNTON BEACH & LAKE WORTH AREAS, INC. Principal Place of Business Mailing Address 4550 JOG ROAD 25854 4550 JOG ROAD GREENACRES FL 33487 **GREENACRES FL 33467** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0443190 Not Applicable Ζlp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SINGER, LEONARD I Street Address (P.O. Box Number is Not Acceptable) \$530 NORTH FEDERAL HWY LAKE WORTH FL 33460 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Trust Fund Contribution. П Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PRES Delete TITLE KAPLAN BERT ■ Addition (9/0) NAME NAME KRAUSE LRON STREET ADDRESS 9927 HARBOUR LAKE CIRCLE 4702 FOUNTHINS BR STREET ADDRESS **CR2E037** CITY-ST-ZIP BOYNTON BEACH FL 33437 CITY-ST-ZIP LAKE WORTH PL 334 TITLE VICE PRES Delete TITLE ☐ Addition NAME KASS, WILMA BER+ KAPLAN NAME 5231 BROOKVIEW DRIVE STREET ADDRESS 9927 HARBOURLAKE CIRCLE STREET ADDRESS CITY-ST-ZIZ BOYNTON BEACH FL 33437 CITY-ST-ZÎP BUYNTON BEACH FL 23437 TITLE Delete TITLE Addition NAME GOLDSTEIN HOPE NAME STREET ADDRES 8509 WHNOY CIRCLE STREET ADDRESS 8730 ROTHBURS CITY-ST-ZIP BOYNTON BEACH FL 33437 CITY-ST-ZIP DoyNton black TITLE **⊠** Delate TITLE ☐ Change ☐ Addition KRAUSE LEON NAME NAME STREET ADDRESS 4702 FOUNTAINS DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33487 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CERIER, JEAN NAME STREET ADDRESS 5877 B SUNSWEPT LANE STREET ADDRESS CITY-ST-ZIF **BOYNTON BEACH FL 33437** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 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.

3-5-02

<u>561 736 683.</u>

FILED