

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000005124**

1. Entity Name

**SOUTH FLORIDA ALUMNI ASSOCIATION OF STUYVESANT H**

Principal Place of Business

10063 53RD WAY S. 702  
BOYNTON BEACH FL 33437  
US

Mailing Address

10063 53RD WAY S. 702  
BOYNTON BEACH FL 33437-1349  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0529082

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**BENJAMIN, IVAN S**  
**629 SW FIRST AVE**  
**FT LAUDERDALE FL 33301**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DT	COHN, DAVID A	12380 BONEVENTURE DRIVE	BOYNTON BEACH FL 33437	<input type="checkbox"/>
D/VP	FUHRMAN, ERWIN H	4658 NW 22ND ST	COCONUT CREEK FL 33063	<input type="checkbox"/>
DP	LANDAUER, ARTHUR	22719 MERIDIANA DR	BOCA RATON FL	<input type="checkbox"/>
D	WEINSTEIN, FRED	10063 53RD WAY SOUTH #702	BOYNTON BEACH FL	<input type="checkbox"/>
D	TINSKY, DENNIS	4000 ISLAND BLVD. #404	NO. MIAMI BEACH FL	<input type="checkbox"/>
D	HERMAN, DAVID	20161 PALM ISLAND DRIVE	BOCA RATON FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		8710 AZALEA CT #101	TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		SECRETARY	33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			33498	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 an other like empowered.

SIGNATURE:

FRED WEINSTEIN  
SECRETARY

Date

Daytime Phone #

2/1/00

561-735-0569