

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000004697

FILED  
Jan 22, 2002 8:00 AM  
Secretary of State

**Entity Name:** LEAGUE FOR EDUCATIONAL AWARENESS OF THE HOLOCAUST, INC.

**Current Principal Place of Business:**

100 EAST LINTON BLVD.  
STE. 304A  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 EAST LINTON BLVD.  
STE. 304A  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

**FEI Number:** 65-0692399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LESNICK, IRVING  
C/O HARNETT LESNICK & RIPPS P.A.  
150 EAST PALMETTO PARK ROAD  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PACKMAN, CONNIE  
Address: 17538 TIFFANY TRACE DR  
City-St-Zip: BOCA RATON, FL 33487

Title: VPD ( ) Delete  
Name: BOYMAN, NANCY  
Address: 1401 S. OCEAN BLVD. #206  
City-St-Zip: BOCA RATON, FL 33432

Title: VPD ( ) Delete  
Name: LEVENTHAL, ELAINE  
Address: 17346 VENTANA DRIVE  
City-St-Zip: BOCA RATON, FL 33487

Title: VPD ( ) Delete  
Name: HERSHON, KAROL  
Address: 22857 LA CORNICHE WAY  
City-St-Zip: BOCA RATON, FL 33433

Title: SD ( ) Delete  
Name: DINNERSTEIN, GAIL  
Address: 17659 TIFFANY TRACE DRIVE  
City-St-Zip: BOCA RATON, FL 33487

Title: TD ( ) Delete  
Name: WEISSMAN, RHODA  
Address: 17197 BALBOA POINT WAY  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PACKMAN, CONNIE  
Address: 17538 TIFFANY TRACE DR  
City-St-Zip: BOCA RATON, FL 33487

Title: VPD (X) Change ( ) Addition  
Name: BOYMAN, NANCY  
Address: 1401 S. OCEAN BLVD. #206  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE PACKMAN

PD

01/22/2002

Electronic Signature of Signing Officer or Director

Date