

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90057 005 ****61.25

DOCUMENT # N97000005128

1. Entity Name

DONNA KLEIN JEWISH ACADEMY PARENT TEACHER ORGANI

Principal Place of Business

Mailing Address

9701 DONNA KLEIN BLVD.
BOCA RATON FL 33428

9701 DONNA KLEIN BLVD.
BOCA RATON FL 33428-1754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0779586

Applied For

Not Applicab

Zip

Country

Zip

Country

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

BARITZ, NEIL S
1515 N. FEDERAL HWY., STE. 300
BOCA RATON FL 33432

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **TOBIN, RHODA**
 CITY-ST-ZIP **9701 DONNA KLEIN BLVD.**
BOCA RATON FL 33428

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **BAILIN, NANCY**
 CITY-ST-ZIP **9701 DONNA KLEIN BLVD.**
BOCA RATON FL 33428

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **ZAFRAN, LESLEY**
 CITY-ST-ZIP **9701 DONNA KLEIN BLVD.**
BOCA RATON FL 33428

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

RHODA E. TOBIN, CO-PRESIDENT

561-852-3331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #