

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005817

1. Entity Name

TORAH ACADEMY OF BOCA RATON, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90035 029 ****61.25

Principal Place of Business

7202 PALMETTO CIRCLE NORTH
BOCA RATON FL 33433

Mailing Address

7202 PALMETTO CIRCLE NORTH
BOCA RATON FL 33433-1047

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0788118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, JEFFREY
7499 SAN SEBASTIAN DRIVE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

PALGON, EPHRAIM

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

7202 PALMETTO CIRCLE NORTH

City

Boca Raton

FL

Zip Code

33433

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

Jeffrey Roth

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/00

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	STD	<input type="checkbox"/> Delete
NAME	ROTH, JEFFREY	
STREET ADDRESS	7499 SAN SEBASTIAN DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RONESS, ALLAN	
STREET ADDRESS	7420 ANDORRA PLACE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ETTEDGUI, RACHEL	
STREET ADDRESS	7505 LONDON LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fertel, Morton	
STREET ADDRESS	7618 STOCKTON TERRACE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hoffman, Yehuda	
STREET ADDRESS	22183 Larkspur Trail	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bennett, Jody	
STREET ADDRESS	7252 SAN SEBASTIAN DR	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, EPHRAIM	
STREET ADDRESS	7429 LONDON LANE	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHES, EPHRAIM	
STREET ADDRESS	7165 SAN SEBASTIAN TERR	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARAGOSSE, Frank	
STREET ADDRESS	22051 EAST MONTOLA	
CITY-ST-ZIP	BOCA RATON, FL 33433	

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.

SIGNATURE:

Jeffrey Roth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

561-391-4746

Daytime Phone #

CR2E037 (9/99)