

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003619

1. Entity Name

THE SWING AND JAZZ PRESERVATION SOCIETY OF FLORI

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90061 025 ****61.25

Principal Place of Business 504 LEXINGTON CLUB, APT. A DELRAY BEACH FL 33446	Mailing Address 7808 CORAL LAKE DR. DELRAY BEACH FL 33446-3368
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DO NOT WRITE IN THIS SPACE

Principal Place of Business 7808 CORAL LAKE DR.		Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DELRAY BEACH FL		City & State	
Zip 33446	Country PALM BEACH	Zip	Country

4. FEI Number 65-0846865	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERLSTEIN, MITCHELL L ESQ. 4800 N. FEDERAL HWY STE. 307-B BOCA RATON FL 33431

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
LE VE REET ADDRESS Y-ST-ZIP	D KORNBLAU, GERTRUDE 5683 SWAYING PALM LN. BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLSTEIN MITCHELL 4800 N FEDERAL HWY BOCA RATON FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
LE AE REET ADDRESS Y-ST-ZIP	D BURKE, ED 4870 SW 103RD AVE. COOPER CITY FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIVAK IRWIN 7840 S. OCEAN BLVD STE 118 PALM BEACH FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
LE AE REET ADDRESS Y-ST-ZIP	D ATLAS, JERRY 10821 LAKEMORE LN, APT.B BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE AE REET ADDRESS Y-ST-ZIP	D ZERAH, RENE 7808 CORAL LAKE DR. DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE AE REET ADDRESS Y-ST-ZIP	D ALLEN, PAUL 1100 S. OCEAN BLVD., APT.82 DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE AE REET ADDRESS Y-ST-ZIP	D STERN, KURT 7564 LEXINGTON CLUB, APT.A DELRAY BEACH FL 33446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

GNATURE:

SIGNATURE REQUIRED

Pres

1/4/2000

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