

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006394

1. Entity Name

ACADEMY SCHOOL OF FLORIDA, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90076 001 ****61.25

Principal Place of Business

4850 S RINE ISLAND RD
FORT LAUDERDALE FL 33328

Mailing Address

PO BOX 290898
FORT LAUDERDALE FL 33329

2. Principal Place of Business

23078 Sandalfoot Blvd
Suite, Apt. #, etc.

3. Mailing Address

PO Box 880189
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0876779

Applied For

Not Applicable

Zip

Country

33428

USA

Zip

Country

33488

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENFIELD, NINA Kaufman
2735 AVE SOLEIL
GULFSTREAM FL 33483

7. Name and Address of New Registered Agent

Name ENFIELD NINA KAUFMAN

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

2735 Avenue Au Soleil
Gulf Stream, FL 33483-6133

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

Nina Kaufman Enfield

7-7-2000

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

After September 13, 2000 min. will be \$236.25

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 PD *Pres/Treas* ☐ Delete

NAME ENFIELD, NINA K
STREET ADDRESS 2735 AVENUE AU SOLEIL
CITY-ST-ZIP GULFSTREAM FL 33483

TITLE VD *V.P./Sec* ☐ Delete

NAME KAUFMAN, DAVID J
STREET ADDRESS 11705 TERRA BELLA BLVD.
CITY-ST-ZIP PLANTATION FL 33325

TITLE SD *Sec* ☒ Delete

NAME ENFIELD, EDMON L JR
STREET ADDRESS 2735 AVENUE AU SOLEIL
CITY-ST-ZIP GULFSTREAM FL 33483

TITLE AD *Chairman* ☒ Delete

NAME ASHER, HANK
STREET ADDRESS 5014 SANCTUARY LANE
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D *OK* ☒ Delete

NAME WACKS, ISRAEL L
STREET ADDRESS 10257 ALLAMANDA CIR
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE D *OK* ☒ Delete

NAME WACKS, SHARON
STREET ADDRESS 10257 ALLAMANDA CIR
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME *Director*
STREET ADDRESS *Hank Asher*
CITY-ST-ZIP *5014 Sanctuary Lane*
Boca Raton 33431

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Nina Kaufman Enfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/2000 954/614-4486

CR121037 (5/00)