

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006394

1. Entity Name

ACADEMY SCHOOL OF FLORIDA, INC.

Principal Place of Business

23078  
45078 SANDALFOOT PLAZA BLVD  
BOCA RATON FL 33428

Mailing Address

PO BOX 880189  
BOCA RATON FL 33488

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0876779

Applied For

Not Applicable

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

KAUFMAN, NINA E  
2735 AVE SOLEIL  
GULFSTREAM FL 33483

Name

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

2735 AVENUE AU SOLEIL

City

Gulfstream

FL

Zip Code

33483

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/01

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	PD	<input type="checkbox"/> Delete
NAME	ENFIELD, NINA KAUFMAN	
STREET ADDRESS	2735 AVENUE AU SOLEIL	
CITY-ST-ZIP	GULFSTREAM FL 33483	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KAUFMAN, DAVID J	
STREET ADDRESS	11705 TERRA BELLA BLVD - 2735 Ave. Au Soleil	
CITY-ST-ZIP	PLANTATION FL 33325 Gulfstream 33483	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ENFIELD, EDMON L JR.	
STREET ADDRESS	2735 AVENUE AU SOLEIL Deceased	
CITY-ST-ZIP	GULFSTREAM FL 33483	
TITLE	<del>ASHER</del>	<input checked="" type="checkbox"/> Delete
NAME	ASHER, HANK	
STREET ADDRESS	5014 SANGUARY LANE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	WACKS, ISRAEL L	
STREET ADDRESS	10257 ALLAMANDA CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	WACKS, SHARON	
STREET ADDRESS	10257 ALLAMANDA CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE	STEPHEN B CUSTEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12444 Clearfalls Dr	
STREET ADDRESS	Boca Raton FL 33428	
CITY-ST-ZIP		
TITLE	Jacqueline Watson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3005 Casa Rio Dr	
STREET ADDRESS	Palm Beach Gardens FL 33418	
CITY-ST-ZIP		
TITLE	ASHER HANK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5014 Sanguary Lane	
STREET ADDRESS	Boca Raton 33431	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Stephen B Custen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/01 954-614-4486

FILED  
Mar 28, 2001 8:00 am  
Secretary of State

03-28-2001 90210 036 \*\*\*\*61.25

C0038765



DO NOT WRITE IN THIS SPACE

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