

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90046 009 \*\*\*\*61.25

**DOCUMENT # N99000002554**

1. Entity Name

**THE EDLAW CENTER, INC.**

Principal Place of Business

Mailing Address

**4350 HILLCREST DR., #714  
 HOLLYWOOD FL 33021-7964**

**P.O. BOX 81-7327  
 HOLLYWOOD FL 33081-1327**

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

**65-0724751**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**ROSENFELD, S. JAMES  
 4350 HILLCREST DR., #714  
 HOLLYWOOD FL 33021-7964**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENFELD, S. JAMES</b>	NAME	
STREET ADDRESS	<b>4350 HILLCREST DR., #714</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021-7964</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRESCHER, SARA JANE</b>	NAME	
STREET ADDRESS	<b>3650 N 36TH AVE., STE. 41</b>	STREET ADDRESS	<b>6001 N. OCEAN DR. # 1005</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	CITY-ST-ZIP	<b>HOLLYWOOD - FL 33019</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAYNOR, ROBERT M</b>	NAME	
STREET ADDRESS	<b>3490 N. 31 AVE</b>	STREET ADDRESS	<b>7850 VILLA D'ESTE WAY</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*SIGNATURE REQUIRED* **JAMES ROSENFELD** 4/28/00 954-966-485

CR2E037 (9/99)