

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90087 012 *****61.25

0038315

DOCUMENT # N99000006434

1. Entity Name

SOLOMON SCHECHTER SCHOOL OF SOUTH PALM BEACH COUNTY, INC.



Principal Place of Business

**333 S.W. 4TH AVE
BOCA RATON FL 33432**

Mailing Address

**333 S.W. 4TH AVE
BOCA RATON FL 33432**

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 **NOT APPLICABLE**

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

**WISTON, BARBARA
17037 ROYAL COVE WAY
BOCA RATON FL 33496**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	WISTON, BARBARA	
STREET ADDRESS	17037 ROYAL COVE WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SHOLK, IRENE	
STREET ADDRESS	7785 DORCHESTER ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LIPSITZ, BERNIE	
STREET ADDRESS	4301 NORTH OCEAN BLVD APT A-602	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TT	<input type="checkbox"/> Delete
NAME	SHAPIRO, JAY	
STREET ADDRESS	20090 S BOCA W DR	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Barbara Wiston

1/21/2003 561 750-4240

CR2E037 (10/02)