

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000065218

1. Entity Name

BANYAN SPRINGS YIDDISH CLUB, INC.

Principal Place of Business

Mailing Address

10119 ASHWOOD PLACE
BOYNTON BEACH FL 33437

10119 ASHWOOD PLACE
BOYNTON BEACH FL 33437

2. Principal Place of Business

10153 Chestwood Rd.

3. Mailing Address

10153 Chestwood Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Boynton Beach, FL.

Boynton Beach, FL.

City & State

City & State

Zip

Country

33437

USA

Zip

Country

33437

USA

6. Name and Address of Current Registered Agent

SCHAEFFER, WILLIAM
10119 ASHWOOD PLACE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name
DEROW, LILLIAN
Street Address (P.O. Box Number is Not Acceptable)
10153 Chestwood Road
Boynton Beach, FL. 33437
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

Lillian Derow

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/09/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUBOW, RAY 10070 SHADYWOOD BOYNTON BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOROVITZ, FRANK 5400 CEDAR LAKE BOYNTON BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKS, ROSE 10063 SHADY WOOD BOYNTON BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAEFFER, WILLIAM 10119 ASHWOOD PLACE BOYNTON BCH. FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEROW, LILLIAN 10153 Chestwood Rd. Boynton Beach, FL. 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lillian Derow, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lillian Derow

1/9/01 (561) 734-0541

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0009238

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90123 035 ***150.00