

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90385 047 ***150.00

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DOCUMENT # P93000065218

1. Entity Name

BANYAN SPRINGS YIDDISH CLUB, INC.



Principal Place of Business

10243 PINE DRIVE
BOYNTON BEACH FL 33437

Mailing Address

10243 PINE DRIVE
BOYNTON BEACH FL 33437

2. Principal Place of Business

10243 PINE DR

3. Mailing Address

10243 PINE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0441261

Applied For

Not Applicable

Zip

33437

Country

USA

Zip

33437

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANDERER, AVIVA
10243 PINE DRIVE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name AVIVA LANDERER

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

10243 PINE DRIVE

City BOYNTON BEACH

FL

Zip Code 33437

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

3/31/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME HOROVITZ, FRANK
STREET ADDRESS 5400 CEDAR LAKE
CITY-ST-ZIP BOYNTON BCH. FL ☐ Delete

TITLE S
NAME MARKS, ROSE
STREET ADDRESS 10063 SHADY WOOD
CITY-ST-ZIP BOYNTON BCH. FL ☐ Delete

TITLE T
NAME LANDERER, AVIVA
STREET ADDRESS 10243 PINE DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

1-561-364-4084

Daytime Phone #

CR2E034 (10/02)