# 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000007588

Entity Name: FISHER ISLAND DAY SCHOOL, INC.

FILED
Jul 05, 2022
Secretary of State
5112983703CC

#### **Current Principal Place of Business:**

2 FISHER ISLAND DR. MIAMI BEACH, FL 33109

### **Current Mailing Address:**

2 FISHER ISLAND DR. MIAMI BEACH, FL 33109 US

FEI Number: 06-1650070 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LEWIS, HAROLD LESQ. ONE BISCAYNE TOWER - SUITE 2400 TWO SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131 US

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:

Officer/Director Detail :

Title TREASURER, DIRECTOR Title PRESIDENT, CHAIRMAN, DIRECTOR

Name NEFF, BRIAN Name NEFF, JANA

Address 7133 FISHER ISLAND DRIVE Address 7133 FISHER ISLAND DRIVE
City-State-Zip: FISHER ISLAND FL 33109 City-State-Zip: FISHER ISLAND FL 33109

Title DIRECTOR Title VP, SECRETARY, DIRECTOR

NameMELNICK, LAURIENameHIRSH, VERAAAddress2114 FISHER ISLAND DRIVEAddress3961 N 40 AVENUECity-State-Zip:FISHER ISLANDFL 33109City-State-Zip:HOLLYWOODFL 33021

Title DIRECTOR Title DIRECTOR

Name FERRARO, JAMES L Name MACKENZIE, DONALD S

Address 600 BRICKELL AVENUE Address 5251 FISHER ISLAND DRIVE
SUITE 3800 City State Zip: FISHER ISLAND EL 33100

City-State-Zip: FISHER ISLAND FL 33109
City-State-Zip: MIAMI FL 33131

Title DIRECTOR

Title DIRECTOR Name RUDYAK, ERNEST

Name PARSONS, KATHERINE A

Name PARSONS, KATHERINE A. Address 5211 FISHER ISLAND DRIVE

Address 19214 FISHER ISLAND DRIVE City-State-Zip: FISHER ISLAND FL 33109

City-State-Zip: MIAMI BEACH FL 33109

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL BELL DIRECTOR 07/05/2022

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name BELL, MICHAEL J

Address 161 NE 108TH STREET
City-State-Zip: MIAMI SHORES FL 33161