

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90111 033 \*\*\*\*61.25

**DOCUMENT # 700180**

1. Entity Name

**THE JEWISH WAR VETERANS OF THE U.S.A. 1960 CONVE**

Principal Place of Business

1001 COLONY PT CR  
 PEMBROKE FL 33026  
 US

Mailing Address

1001 COLONY PT CR  
 121  
 PEMBROKE PINES FL 33026  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2377392

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LEFF, NORTON**  
~~1001 COLONY POINT CR~~  
~~121~~  
**PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name **Jack Ostrofsky**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Fanshaw N 586**  
**Boca Raton, FL**  
 City **FL** Zip Code **33434**

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 Jack Ostrofsky

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

(NOTE) Registered Agent signature required when reinstating

DATE

*July 8, 2000*

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE	DC	<input type="checkbox"/> Delete
NAME	KADIN, LOUIS	
STREET ADDRESS	LYNDHURST I 3019	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEFF, NORTON	
STREET ADDRESS	1001-COLONY-POINT-CIRCLE-121	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	LIEBMAN, LEON	
STREET ADDRESS	1101 SW 128 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JACOBSON, JEANETTE	
STREET ADDRESS	2801 NE 183 STREET 1707	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Ostrofsky	
STREET ADDRESS	Fanshaw N 586	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(f), 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**

*Jack Ostrofsky July 8, 2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0001 217 1100

attachment # 700780  
B0104942

DEPARTMENT OF FLORIDA  
JEWISH WAR VETERANS OF THE U.S. A. 1960 CONVE

AUGUST 28, 2000

TO WHOM IT MAY CONCERN:

PLEASE NOTE ALL CORRESPONDANCE, SHOULD BE ADDRESSED TO ME.

JACK OSTROFSKY

FANSHAW N 586

BOCA RATON, FL. 33434

JACK OSTROFSKY

*Jack Ostrofsky* P. D. c.