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

FILED
Aug 11, 2003 8:00 am
Secretary of State
08-11-2003 90280 008 ****61.25

DOCUMENT # 705135

1. Entity Name
JEWISH FAMILY SERVICE INC OF BROWARD COUNTY, FLORIDA

Principal Place of Business	Mailing Address
100 S. PINE ISLAND RD. #130 PLANTATION FL 33324 US	100 S. PINE ISLAND RD. #130 PLANTATION FL 33324 US

[redacted]

2. Principal Place of Business	3. Mailing Address
100 S. Pine Island Rd	100 S Pine Island Rd.
Suite, Apt. #, etc.: Suite 230	Suite, Apt. #, etc.: Suite 230
City & State: Plantation FL	City & State: Plantation FL
Zip: 33324 Country: USA	Zip: 33324 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-0995106 — 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
SUNDEL, SANDRA S. 100 S. PINE ISLAND RD. #130 PLANTATION FL 33324	Name: Sundel, Sandra S. Street Address (P.O. Box Number is Not Acceptable): 100 S. Pine Island Rd. Suite 230 City: Plantation FL Zip Code: 33324

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] 7-16-03
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
After September 10, 2003, min will be $236.25

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	PD ☒ Delete	TITLE	President ☒ Change ☐ Addition
NAME	WELLINS, STEVEN	NAME	Conn, Alan
STREET ADDRESS	101 NW 108 WAY	STREET ADDRESS	2021 Tyler Street
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	Hollywood, FL 33020
TITLE	SD ☒ Delete	TITLE	Secretary ☒ Change ☐ Addition
NAME	ROSEN, STEVEN	NAME	Carr, Paula
STREET ADDRESS	10736 NW 21ST STREET	STREET ADDRESS	674 West Tropical Way
CITY-ST-ZIP	CORAL SPRINGS FL 33071	CITY-ST-ZIP	Plantation, FL 33317
TITLE	ED ☐ Delete	TITLE	Executive Director ☒ Change ☐ Addition
NAME	SUNDEL, SANDRA S.	NAME	Sundel, Sandra S.
STREET ADDRESS	100 S. PINE ISLAND RD, #130	STREET ADDRESS	100 S Pine Island Rd, Suite 230
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	Plantation, FL 33324
TITLE	VD ☒ Delete	TITLE	Vice President ☒ Change ☐ Addition
NAME	TELLES, SELMA	NAME	Scott Cohen
STREET ADDRESS	233 JACARANDA DR	STREET ADDRESS	10742 Denver Drive
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	Cooper City FL 33026
TITLE	☐ Delete	TITLE	Immediate Past President ☒ Change ☐ Addition
NAME		NAME	Wellins, Steven
STREET ADDRESS		STREET ADDRESS	101 NW 108 Way
CITY-ST-ZIP		CITY-ST-ZIP	Plantation, FL 33324
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (4/03)

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: SIGNATURE RECEIVED 7-16-03 954-370-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #