

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716640

1. Entity Name

RIVER GARDEN HEBREW HOME FOR THE AGED

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90250 001 \*\*\*\*70.00

Principal Place of Business

11401 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32258

Mailing Address

11401 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE FLA 32258-1402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0624438

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

PALEVSKY, ELLIOTT  
11401 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32258

Name

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

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

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**

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	SD	<input type="checkbox"/> Delete
NAME	SHAPIRO, STEVEN	
STREET ADDRESS	11204 SHADY GLEN DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TROMBERG, FRED	
STREET ADDRESS	2115 LAVACA RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACOBS, ROBERT	
STREET ADDRESS	5000 SAN JOSE BLVD, #182	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DAT	<input checked="" type="checkbox"/> Delete
NAME	WOLF, MARTIN	
STREET ADDRESS	3642 LEEWOOD LANE	
CITY-ST-ZIP	JACKSONVILLE 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		<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		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Lissner	
STREET ADDRESS	3614 Cathedral Oaks Pl. N.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	DAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DATZ, BERNARD	
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)(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:

Robert S. Jacobs Robert Jacobs 04/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)