

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730704

1. Entity Name

JEWISH COMMUNITY CENTER OF THE GREATER PALM BEACHES, INC.

Principal Place of Business

3151 N. MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address

3151 N. MILITARY TRAIL
WEST PALM BEACH FL 33409

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

59-1582799

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

RICHARD COMITER
222 LAKEVIEW AVE
#800
WEST PALM BEACH FL 33401

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 **VD** ☐ Delete
NAME **LAMPERT, ARNOLD**
STREET ADDRESS **2900 LE BATEAU DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **Secretary/Director** ☐ Change ☒ Addition
NAME **Shelly Friedman**
STREET ADDRESS **24 Bermuda Lake Dr.**
CITY-ST-ZIP **Palm Bch Gdns, FL 33418**

TITLE **VD** ☐ Delete
NAME **DANIELS, STEVE**
STREET ADDRESS **8651 NATIVE DANCER RD N.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **Treasurer/Director** ☐ Change ☒ Addition
NAME **Myron Strober**
STREET ADDRESS **8871 Botswain Drive**
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE **PPD** ☐ Delete
NAME **SIMS, NANCY**
STREET ADDRESS **14 WYCLIFF RD.**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **At Large/Director** ☐ Change ☒ Addition
NAME **Stacey Ellison**
STREET ADDRESS **7789 Penwood Ct.**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **VD** ☐ Delete
NAME **COMITER, RICHARD**
STREET ADDRESS **2668 NATIVE DANCER RD**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **Vice President/Director** ☐ Change ☒ Addition
NAME **Lionel Greenbaum**
STREET ADDRESS **235 Garden Road**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **P** ☐ Delete
NAME **LEVY, STACEY**
STREET ADDRESS **4 SHANNON CIR**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **At Large/Director** ☐ Change ☒ Addition
NAME **David Jacobson**
STREET ADDRESS **712 US Hwy 1, Suite 301-1**
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **At Large/Director** ☐ Change ☒ Addition
NAME **Mary Beth Leeds**
STREET ADDRESS **8983 Indian River Run**
CITY-ST-ZIP **Boynton Beach, FL 33437**

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 REQUIRED

Thomas R. Marion, Exec Dir (561)689-7700

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90100 005 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)