2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765838 1. Entity Name								Apr 26, 2001 8:00 am Secretary of State				
GLADES JEWISH COMMUNITY CENTER							•	04-26-2001 9	0096 048 *	****61	50	
Principal Place	of Business	3										
224 N.W. AVE G BELLE GLADE FL 33430 US			2885 DUQUESNE CIR WEST PALM BCH FL 33409 US				บบบอลยอร์					
2. Principal Pla	ace											
IL19 SE AVE D			3. Mailing Address			, 120(1 (83)) 4(12) 4(12) 4(12) 4(12) 4(13) 4(13) 4(13) 4(13) 4(13) 4(13) 4(13) 4(13) 4(13) 4(13) 4(13) 4(13)						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State BELLE GLADE FL			City & State				4. FEI Number	05-0053202			olied For Applicable	
Zip Country USA			Zip	Zip Countr			5. Certificate of Status Desired See Required Fee Required					
	6. Name	and Address of Current F	Registered Agent	7. Name and Address of New Registered Agent Name								
NAGLER, ARTHUR B. 2885 DUQUESNE CIRCLE WEST PALM BCH FL 33409 8. The above named entity submits this statement for the purpose of changing its register						Street Address (P.O. Box Number is Not Acceptable) City Zip Code						
SIGNATURE ARTHUR B, NAGLER 1000, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: signature required whom required w												
10.		OFFICERS AND DIF	RECTORS	11.			ADDITIONS/CHA	NGES TO OFFICER	S AND DIREC	TORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		arthur B. Th Juniper avenue E Fl	☑ Delete			P. NA0 82 WE	GLER, AF	RTHUR B. ESNE Cir BCH FL 3		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		edward Avenue G Lade Fl	k_l y D elete		I	AR AR 22 PA	D ONS, EDV 8 ANNONA HOKEE,FI	VARD AVE. L 33476) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	li .	RAQUEL NONA AVE E FL 33476	Å Delete		Į.		ONS, RAQI 8 ANNOMA HOKEE, FI			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAGLER 224 NW		□ ^X eelete			NA 28	s GLER, NOI 85 DUQU ST PALM	LA ESNE Cir BCH FL.] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULBER 717 S U	G, NISHA S #16 WAY #1 FL 33477	🖄 Delete		9,5111	60		3 HICHWAY L ##4 334	#I 30] Change UTH	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULBER 717 S U	G, VICTOR	⊠ Delete	1		MU	D LBERG,V] Change	Addition	
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 flave 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 Ghapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description												