

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90676 014 ****61.25

DOCUMENT # F98000002425

1. Entity Name

ISRAEL CHILDRENS CENTERS, INC.

Principal Place of Business

Mailing Address

**2151 WEST HILLSBORO BLVD
100
DEERFIELD BEACH FL 33442**

**2151 WEST HILLSBORO BLVD
100
DEERFIELD BEACH FL 33442**

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

13-2961273

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

**MCGRORY, DEBBIE
4132 CEDAR CREEK ROAD
BOCA RATON FL 33445**

Name

BETTY HINES

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

14771 68TH DRIVE N

City

PALM BEACH GARDENS

FL

Zip Code

33418

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

Betty J. Hines

BETTY J. HINES

3/11/02

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 ☐ Delete
NAME **PHILLIPS, IRA H.**
STREET ADDRESS **6 CORPORTE PARKWAY**
CITY-ST-ZIP **GOOSE CREEK SC 29445**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **BACHMANN, BRUCE**
STREET ADDRESS **740 N RUSH STREET**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **WERNER, ROBERT**
STREET ADDRESS **3000 ISLAND BLVD., #3001**
CITY-ST-ZIP **WILLIAMS ISLAND FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **BENDER, RICHARD**
STREET ADDRESS **312 E. RUSTIC RD.**
CITY-ST-ZIP **SANTA MONICA CA 90402**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SELATI, SYDNEY**
STREET ADDRESS **15041 BAKE PKWY., #A**
CITY-ST-ZIP **IRVINE CA 92618**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **GOLDSTEIN, ALAN**
STREET ADDRESS **10 E. 39TH ST., #1003**
CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☐ Change ☐ 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:

Alan Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/02

CR2E037 (9/01)