

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

DOCUMENT # F98000002425

1. Entity Name

ISRAEL CHILDRENS CENTERS, INC.



FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90058 028 ****61.25

0011230

Principal Place of Business

2151 WEST HILLSBORO BLVD
100
DEERFIELD BEACH FL 33442

Mailing Address

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

HINES, BETTY
14771 68TH DRIVE NORTH
PALM BEACH GARDENS FL 33418

Name CARY HORNSTEIN

Street Address (P.O. Box Number is Not Acceptable)
11215 NW 53 CT

City CORAL SPRINGS **FL** Zip Code 33076

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/11/03

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 P ☒ Delete
NAME PHILLIPS, IRA H
STREET ADDRESS 6 CORPORTE PARKWAY
CITY-ST-ZIP GOOSE CREEK SC 29445

TITLE Treasurer ☐ Change ☒ Addition
NAME SHOLDON RABINOWITZ
STREET ADDRESS ONE SW 18 ST
CITY-ST-ZIP DUB MOINES IA 50312

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

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

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

TITLE NATIONAL EXECUTIVE DIRECTOR ☐ Change ☒ Addition
NAME LINDA SLAVIN
STREET ADDRESS 8977 NW 53 MANOR
CITY-ST-ZIP CORAL SPRINGS FL 33067

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)