

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005256

FILED  
Apr 02, 2003  
Secretary of State

Entity Name: ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

9801 DONNA KLEIN BLVD.  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

9801 DONNA KLEIN BLVD.  
BOCA RATON, FL 33428

**New Mailing Address:**

FEI Number: 65-1127438      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JUST, ALLAN  
9801 DONNA KLEIN BLVD.  
BOCA RATON, FL 33428      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: COHEN, ED  
Address: 22662 LEMON TREE LANE  
City-St-Zip: BOCA RATON, FL 33428

Title: VPD      ( ) Delete  
Name: COHEN, SHIRLEY  
Address: 21870 CARTEGENA DR.  
City-St-Zip: BOCA RATON, FL 33428

Title: VPD      ( ) Delete  
Name: FEURRING, BEVERLY  
Address: 6012 LE LAC RD.  
City-St-Zip: BOCA RATON, FL 33496

Title: VPD      ( ) Delete  
Name: GOLDEN, PHYLLIS  
Address: 4539 BOCAIRE BLVD.  
City-St-Zip: BOCA RATON, FL 33487

Title: VPD      ( ) Delete  
Name: MILGRAM, JERRY  
Address: 350 S. OCEAN BLVD., #12C  
City-St-Zip: BOCA RATON, FL 33432

Title: VPD      ( ) Delete  
Name: PLOUGH, MAURICE JR.  
Address: 21301 POWERLINE RD., #301  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD      (X) Change ( ) Addition  
Name: FEURRING, BEVERLY  
Address: 6485 ENCLAVE WAY  
City-St-Zip: BOCA RATON, FL 33496

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED COHEN

PD

04/02/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date