

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90173 046 \*\*\*\*\*61.25

DOCUMENT # N02607

1. Entity Name

JEWISH WAR VETERANS POST 520, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 6404  
LAKE WORTH FL 33466-3404  
US

P. O. BOX 6404  
LAKE WORTH FL 33466-3404  
US

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

59-2405822

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

GORDON, HERB  
8250 LAKE CYPRESS ROAD  
LAKE WORTH FL 33467

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

*Herb Gordon*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9 FEB. 2002  
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 PD ☒ Delete  
NAME GREENWALD, WALTER  
STREET ADDRESS 180 WELLINGTON K  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE P ☒ Change ☐ Addition  
NAME WECKER, MILTON  
STREET ADDRESS 2765 EMORY DR. N.E.  
CITY-ST-ZIP WEST PALM BEACH, FL. 33415

TITLE VD ☒ Delete  
NAME TENZOR, HAROLD  
STREET ADDRESS 180 WELLINGTON K  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE V ☒ Change ☐ Addition  
NAME SHAPKIN, PHILIP  
STREET ADDRESS 252 SOUTH HAMPTON C  
CITY-ST-ZIP WEST PALM BEACH, FL. 33417

TITLE TD ☐ Delete  
NAME KIRSCHNER, SEYMOUR  
STREET ADDRESS 4702 LUCERNE LKS BLVD E  
CITY-ST-ZIP LAKE WORTH FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

*Seymour Kirschner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Feb 2002 433.9731  
Date Daytime Phone #

CR2E037 (9/01)