

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N19520**

1. Entity Name

JEWISH HOME FOR THE AGED OF PALM BEACH COUNTY, I**FILED****Mar 01, 2000 8:00 am**
Secretary of State

03-01-2000 90029 035 ****61.25

Principal Place of Business

Mailing Address

% E. DREW GACKENHEIMER
4847 FRED GLADSTONE MEMORIAL DRIVE
WEST PALM BEACH FL 33417**% E. DREW GACKENHEIMER**
4847 FRED GLADSTONE MEMORIAL DRIVE
WEST PALM BEACH FL 33417-9023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2120896

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GACKENHEIMER, E. DREW**
4847 FRED GLADSTONE MEMORIAL DRIVE
WEST PALM BEACH FL 33417

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	KATZ, BURTON M.	6572 EASTPOINTE PINES	PALM BCH GARDENS FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GACKENHEIMER, DREW E	128 W VILLAGE WAY	JUPITER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BERMAN, SYLVIA	44 COCOANUT ROW	PALM BEACH FL	<input checked="" type="checkbox"/>	VP	PLATZNER, HERBERT B.	6949 FOUNTAINS CIRCLE	LAKE WORTH, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	GOLDBLUM, NORMAN P.	109 EVERGLADES AVE	PALM BCH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	LUDWIG, DOROTHY	13490 CROSS POINTE DR	PALM BEACH GARDENS FL	<input checked="" type="checkbox"/>	S	SCHWARTZ, MARIAM	120 CANTERBURY LANE	PALM BEACH, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	BERG, BARRY S.	2809 EMBASSY DR.	WEST PALM BCH FL	<input type="checkbox"/>	T	BRENNER, STANLEY	44 COCOANUT ROW	PALM BEACH, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****E. DREW GACKENHEIMER****2-18-00**

Date

561-471-5111

Daytime Phone #

CR2E037 (9/99)