

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90034 047 \*\*\*\*70.00

**DOCUMENT # N19529**

1. Entity Name

**SOUTH BROWARD JEWISH FEDERATION HOUSING II, INC.**

Principal Place of Business

5701 S.W. 82 AVE.  
 DAVIE FL 33328  
 US

Mailing Address

5701 S.W. 82 AVE.  
 DAVIE FL 33328-6021  
 US

2. Principal Place of Business

5701 SW 82 AVE.

Suite, Apt. #, etc.

3. Mailing Address

5701 SW 82 AVE.

Suite, Apt. #, etc.

City & State  
 DAVIE, FL

City & State  
 DAVIE, FL

Zip  
 33328

Country  
 USA

Zip  
 33328

Country  
 USA

4. FEI Number

65-0027616

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

RUBIN, GARY DR.  
 5701 SW 82 AVE.  
 DAVIE FL 33028

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	SCHULMAN, DAVID B	
STREET ADDRESS	9513 SEA TURTLE DR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KASSOWER, JEFFREY	
STREET ADDRESS	10315 NW 3 PL.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TELLES, SELMA	
STREET ADDRESS	6618 RACQUET CLUB DR.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SPATZ, GAIL	
STREET ADDRESS	3830 N. 31 TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUBIN, GARY DR.	
STREET ADDRESS	90 JUNIPER ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, JOSEPH L	
STREET ADDRESS	PO BOX 7259	
CITY-ST-ZIP	HOLLYWOOD FL 33081-1259	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 my address, with full power like empowered.

SIGNATURE: *[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00 954-434-9600  
Date Daytime Phone #

CR2E037 (9/99)