

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90012 047 ****61.25

DOCUMENT # N43579

1. Entity Name

PARKLAND JEWISH CENTER, INC.

Principal Place of Business

7400 WILES ROAD
 SUITE106
 CORAL SPRINGS FL 33067
 US

Mailing Address

7400 WILES ROAD
 SUITE106
 CORAL SPRINGS FL 33067
 US

00000003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0291376

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TALNFELD, HOWARD M
 COLONDY, FASS & TALNFELD, P.A.
 2000 W. COMMERCIAL BLVD, STE 232
 FT LAUDERDALE FL 33309**

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 \$61.25**

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 RUBIN, LOIS
 STREET ADDRESS 7566 N.W. 47TH DRIVE
 CITY-ST-ZIP CORAL SPRINGS FL 33067

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

TITLE VP ☐ Delete
 NAME OXMAN, SCOTT A
 STREET ADDRESS 8888 NW 47TH DRIVE
 CITY-ST-ZIP CORAL SPRINGS FL 33067

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

TITLE VD ☐ Delete
 NAME MARKS, CAROLYN
 STREET ADDRESS 7121 E CYPRESSHEAD DRIVE
 CITY-ST-ZIP PARKLAND FL

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 33067

TITLE S ☐ Delete
 NAME HURWITZ, FRAN
 STREET ADDRESS 5504 NW 77TH TERRACE
 CITY-ST-ZIP CORAL SPRINGS FL 33067

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

TITLE T ☐ Delete
 NAME NEJIB, KENNETH
 STREET ADDRESS 6150 NW 74TH COURT
 CITY-ST-ZIP PARKLAND FL 33067

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 all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **Rubin**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2001 954 346 7878
 Date Daytime Phone #

CR2E037 (10/00)