

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90059 043 \*\*\*\*61.25

001 7

**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
--	--

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 **65-0291376** Applied For  Not Applicable

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**

**TALINFELD, HOWARD M**  
**COLONDY, FASS & TALINFELD, 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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RUBIN, LOIS</b> <b>7566 N.W. 47TH DRIVE</b> <b>CORAL SPRINGS FL 33067</b>	<input checked="" type="checkbox"/> Delete
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <del>STUART</del> <b>LEEMAN, STUART</b> <b>4888 NW 100TH TERR</b> <b>CORAL SPRINGS FL 33076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>OXMAN, SCOTT A</b> <b>8888 NW 47TH DRIVE</b> <b>CORAL SPRINGS FL 33067</b>	<input checked="" type="checkbox"/> Delete
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MARKS, CAROLYN</b> <b>7121 E CYPRESSHEAD DR</b> <b>PARKLAND, FL 33067</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MARKS, CAROLYN</b> <b>7121 E CYPRESSHEAD DRIVE</b> <b>PARKLAND FL 33067</b>	<input checked="" type="checkbox"/> Delete
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <del>DEAN</del> <b>BARNETT, DEAN</b> <b>10482 NW 51ST ST.</b> <b>CORAL SPRINGS, FL 33076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HURWITZ, FRAN</b> <b>5504 NW 77TH TERRACE</b> <b>CORAL SPRINGS FL 33067</b>	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>NEJIB, KENNETH</b> <b>6150 NW 74TH COURT</b> <b>PARKLAND FL 33067</b>	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Stuart Leeman **1/17/02** **954 346-7878**

CP20037 (9/01)