

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48593

1. Entity Name

WOMEN'S AUXILIARY OF THE MORSE GERIATRIC CENTER, INC.

Principal Place of Business

4847 FRED GLADSTONE MEMORIAL DR.  
WEST PALM BEACH FL 33417

Mailing Address

4847 FRED GLADSTONE MEMORIAL DR.  
WEST PALM BEACH FL 33417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

85-0329966

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

GACKENHEIMER, E. DREW  
4847 FRED GLADSTONE MEMORIAL DR.  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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 P ☐ Delete  
NAME WEISSMAN, ROBERTA  
STREET ADDRESS 6219 WOODCUTTER CT  
CITY-ST-ZIP PALM BCH FL

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

TITLE T ☐ Delete  
NAME SRIBERG, TERRI  
STREET ADDRESS 19 JAMES DR  
CITY-ST-ZIP PALM BEACH FL

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

TITLE D ☒ Delete  
NAME SIMMONS, JOAN  
STREET ADDRESS 13308 VERDUN DR  
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE T ☐ Change ☒ Addition  
NAME FALK, ELLEN S.  
STREET ADDRESS 113 WINDWARD DR.  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE D ☒ Delete  
NAME ZELNICK, MARILYN  
STREET ADDRESS 13932 EASTPOINTE COURT  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE VP ☐ Change ☒ Addition  
NAME LEVINE, SUZANNE  
STREET ADDRESS 115 ST. MARTIN DR.  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE VP ☐ Delete  
NAME GREENBAUM, CAROL  
STREET ADDRESS 451 S. COUNTRY CLUB DR  
CITY-ST-ZIP ATLANTIS FL

TITLE D ☒ Change ☐ Addition  
NAME ~~LEVINE, SUZANNE~~  
STREET ADDRESS ~~115 ST. MARTIN DR.~~  
CITY-ST-ZIP ~~PALM BEACH GARDENS, FL 33418~~

TITLE D ☐ Delete  
NAME GACKENHEIMER, E. DREW  
STREET ADDRESS 4847 FRED GLADSTONE DR  
CITY-ST-ZIP WEST PALM BEACH FL 33417

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: E. DREW GACKENHEIMER 7-9-02. 561-687-5744

CR2E037 (4/02)