

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N19520**

1. Entity Name

**JEWISH HOME FOR THE AGED OF PALM BEACH COUNTY, I**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**GACKENHEIMER, E. DREW  
4847 FRED GLADSTONE MEMORIAL DRIVE  
WEST PALM BEACH FL 33417**

4. FEI Number

**59-2120896**

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KATZ, BURTON M.</b>	
STREET ADDRESS	<b>6572 EASTPOINTE PINES</b>	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GACKENHEIMER, DREW E</b>	
STREET ADDRESS	<b>128 W VILLAGE WAY</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PLATZNER, HERBERT B</b>	
STREET ADDRESS	<b>6949 FOUNTAINS CIR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDBLUM, NORMAN P.</b>	
STREET ADDRESS	<b>109 EVERGLADES AVE</b>	
CITY-ST-ZIP	<b>PALM BCH FL</b>	

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, MARIAM</b>	
STREET ADDRESS	<b>120 CANTERBURY LN</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BRENNER, STANLEY</b>	
STREET ADDRESS	<b>44 COCONUT ROW</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01

Date

561-471-5111

Daytime Phone #

CR2E037 (10/00)