

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90281 018 ****61.25

DOCUMENT # 756975

1. Entity Name

JEWISH COMMUNITY CENTERS OF SOUTH BROWARD, INC.

Principal Place of Business

5850 S PINE ISLAND RD
 DAVIE FL 33328

Mailing Address

5850 S PINE ISLAND RD
 DAVIE FL 33328

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

59-2075982

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

WILEN, BARRY
4601 SHERIDAN ST
STE 208
HOLLYWOOD FL 33021

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 NAME	PD FRIEDMAN, BERNIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3741 N 47 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	VPD HOCHBERG, CHERYL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3380 N 36 PLACE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	VPD ROTH, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	33811 N. PARK ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	SD GREEN, LORI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10518 ZURICH STREET	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE NAME	TD SUSKIND, LAURIE	<input type="checkbox"/> Delete
STREET ADDRESS	3541 N 55 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	VPD WILEN, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS	4806 ARTHUR ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE NAME	PD Green, Lori	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10518 Zurich St	
CITY-ST-ZIP	Cooper City FL 33026	
TITLE NAME	VPD Kass, Susan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11711 N Island Rd	
CITY-ST-ZIP	Cooper City FL 33026	
TITLE NAME	SD Dahlman Anger, Vickie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11561 S Open Court	
CITY-ST-ZIP	Cooper City FL 33026	
TITLE NAME	TD Rosenberg, Hal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3631 Ottawa Lane; Cooper City	
CITY-ST-ZIP	FL 33026	
TITLE NAME	VPD Suskind, Laurie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3541 N 55 Ave	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE NAME	VPD Wilen, Diane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4806 Arthur St	
CITY-ST-ZIP	Hollywood FL 33021	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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

Date

Daytime Phone #

CR2E037 (10/00)