

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90010 026 ****61.25

DOCUMENT # 703702

1. Entity Name

JEWISH FAMILY AND COMMUNITY SERVICES, INC.

Principal Place of Business

**3601 CARDINAL POINT DRIVE
 JACKSONVILLE FL 32257-2582**

Mailing Address

**3601 CARDINAL POINT DRIVE
 JACKSONVILLE FL 32257-2582**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0637868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**YOUNG, IRIS
 3601 CARDINAL POINT DR.
 JACKSONVILLE FL 32257-2582**

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 **VD** ☐ Delete
 NAME **ANSBACHER, LAWRENCE**
 STREET ADDRESS **3601 CARDINAL POINT DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **VD** ☐ Delete
 NAME **LEWIS, BEN**
 STREET ADDRESS **3601 CARDINAL POINTE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ Delete
 NAME **WILKINSON, GARY**
 STREET ADDRESS **3601 CARDINAL POINTE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ Delete
 NAME **SHORSTEIN, MARK**
 STREET ADDRESS **3601 CARDINAL POIT DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete
 NAME **YOUNG, IRIS**
 STREET ADDRESS **3601 CARDINAL POINTE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ Delete
 NAME **HERMAN, STUART**
 STREET ADDRESS **3601 CARDINAL PT DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
 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: *Brenda Shephard* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01 (904) 448-1933 ext 816
 Date Daytime Phone #

CR2E037 (10/00)