

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90219 022 \*\*\*\*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

**6261 Dupont Station Ct E**  
 Suite, Apt. #, etc.

3. Mailing Address

**6261 Dupont Station Ct E**  
 Suite, Apt. #, etc.

City & State

**Jacksonville FL**

City & State

**Jacksonville FL**

4. FEI Number

**59-0637868**

Applied For

Not Applicable

Zip

**32217**

Country

**USA**

Zip

**32217**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ANSBACHER, LAWRENCE V  
 5150 BELFORT RD., BLDG. 100  
 BELFORT ROAD SOUTH PROFESSIONAL PARK  
 JACKSONVILLE FL 32256-6010**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ANSBACHER, LAWRENCE<br>3601 CARDINAL POINT DRIVE<br>JACKSONVILLE FL 32257 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LEWIS, BEN<br>3601 CARDINAL POINTE DRIVE<br>JACKSONVILLE FL               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>WILKINSON, GARY<br>3601 CARDINAL POINTE DRIVE<br>JACKSONVILLE FL           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SHORSTEIN, MARK<br>3601 CARDINAL POIT DRIVE<br>JACKSONVILLE FL             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>YOUNG, IRIS<br>3601 CARDINAL POINTE DRIVE<br>JACKSONVILLE FL               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HERMAN, STUART<br>3601 CARDINAL PT DR<br>JACKSONVILLE FL 32257            | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>Ansbacher, Lawrence<br>6261 Dupont Station Ct E<br>Jacksonville FL 32217 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>Lewis, Ben<br>6261 Dupont Station Ct E<br>Jacksonville FL 32217          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>Shorstein, Mark<br>6261 Dupont Station Ct E<br>Jacksonville FL 32217      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Gottlieb, Debbie<br>6261 Dupont Station Ct E<br>Jacksonville FL 32217     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Young, Iris<br>6261 Dupont Station Ct E<br>Jacksonville FL 32217          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>Herman, Stuart<br>6261 Dupont Station Ct E<br>Jacksonville FL 32217      | <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)(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 S. Shepherd  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02  
 Date

(904) 394-5725  
 Daytime Phone #

CR2E037 (9/01)