

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90370 001 \*\*\*\*61.50

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**WILEN, BARRY  
4601 SHERIDAN ST  
STE 208  
HOLLYWOOD FL 33021**

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **GREEN, LORI**  
STREET ADDRESS **10518 ZURICH ST**  
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE **VPD** ☐ Delete  
NAME **KASS, SUSAN**  
STREET ADDRESS **11711 N. ISLAND RD.**  
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE **SD** ☒ Delete  
NAME **DAHLMAN ANGER, VICKIE**  
STREET ADDRESS **11561 S. OPEN COURT**  
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE **TD** ☒ Delete  
NAME **ROSENBERG, HAL**  
STREET ADDRESS **3631 OTTAWA LANE**  
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE **VPD** ☐ Delete  
NAME **SUSKIND, LAURIE**  
STREET ADDRESS **3541 N 55 AVENUE**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VPD** ☐ Delete  
NAME **WILEN, DIANE**  
STREET ADDRESS **4806 ARTHUR ST**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **Carolyn Frieman Shapir**  
STREET ADDRESS **3195 Willow Lane**  
CITY-ST-ZIP **Weston FL 33331**

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

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Craig Konhauzer**  
STREET ADDRESS **3704 Starboard Ave**  
CITY-ST-ZIP **Cooper City FL 33026**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Bernie Feldman**  
STREET ADDRESS **804 St Andrews Rd**  
CITY-ST-ZIP **Hollywood FL 33021**

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

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

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 of Carolyn Frieman Shapir*

CAROLYN FRIEMAN SHAPIR

01-16-03

954 384 1007

CR2E037 (10/02)