

2001 UNIFORM BUSINESS REPORT (UBR)

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 #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90010 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)