

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ansbacher, Lawrence 6261 Dupont Station Ct E Jacksonville FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lewis, Ben 6261 Dupont Station Ct E Jacksonville FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Shorstein, Mark 6261 Dupont Station Ct E Jacksonville FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gottlieb, Debbie 6261 Dupont Station Ct E Jacksonville FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Young, Iris 6261 Dupont Station Ct E Jacksonville FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Herman, Stuart 6261 Dupont Station Ct E 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

(904) 394-5725

Daytime Phone #

CR2E037 (9/01)