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

**FILED**
**Aug 11, 2003 8:00 am**
**Secretary of State**
08-11-2003 90280 008 ****61.25

DOCUMENT # 705135

1. Entity Name
JEWISH FAMILY SERVICE INC OF BROWARD COUNTY, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 100 S. PINE ISLAND RD.<br>#130<br>PLANTATION FL 33324<br>US | 100 S. PINE ISLAND RD.<br>#130<br>PLANTATION FL 33324<br>US |

[redacted]

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 100 S. Pine Island Rd | 100 S Pine Island Rd. |
| Suite, Apt. #, etc.: Suite 230 | Suite, Apt. #, etc.: Suite 230 |
| City & State: Plantation FL | City & State: Plantation FL |
| Zip: 33324 Country: USA | Zip: 33324 Country: USA |

4. FEI Number 59-0995106 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SUNDEL, SANDRA S.<br>100 S. PINE ISLAND RD.<br>#130<br>PLANTATION FL 33324 | Name: Sundel, Sandra S.<br>Street Address (P.O. Box Number is Not Acceptable): 100 S. Pine Island Rd.<br>Suite 230<br>City: Plantation FL Zip Code: 33324 |

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] 7-16-03
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**
**After September 10, 2003, min will be $236.25**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WELLINS, STEVEN<br>101 NW 108 WAY<br>PLANTATION FL 33324 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Conn, Alan<br>2021 Tyler Street<br>Hollywood, FL 33020 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ROSEN, STEVEN<br>10736 NW 21ST STREET<br>CORAL SPRINGS FL 33071 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Carr, Paula<br>674 West Tropical Way<br>Plantation, FL 33317 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ED<br>SUNDEL, SANDRA S.<br>100 S. PINE ISLAND RD, #130<br>PLANTATION FL 33324 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Executive Director<br>Sundel, Sandra S.<br>100 S Pine Island Rd, Suite 230<br>Plantation, FL 33324 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TELLES, SELMA<br>233 JACARANDA DR<br>PLANTATION FL 33324 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Scott Cohen<br>10742 Denver Drive<br>Cooper City FL 33026 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Immediate Past President<br>Wellins, Steven<br>101 NW 108 Way<br>Plantation, FL 33324 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (4/03)

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 REQUIRED 7-16-03 954-370-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #