

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90181 017 ****70.00

DOCUMENT # 708248

1. Entity Name

COMMUNITY COUNCIL FOR JEWISH ELDERLY, INC.

Principal Place of Business

Mailing Address

**4200 BISCAYNE BLVD
 MIAMI FL 33137-3210**

**4200 BISCAYNE BLVD
 MIAMI FL 33137-3210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0663539

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEISBERG, GAIL
 4200 BISCAYNE BLVD
 MIAMI FL 33137-3210**

Name **REIFF, SONDR A S.**

Street Address (P.O. Box Number is Not Acceptable)
4200 BISCAYNE BLVD.

City **MIAMI, FL** Zip Code **33137-3210**

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 *Sondra S. Reiff* **REIFF, SONDR A S.** **04/24/00**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **HOLLANDER, PEGGY**
 STREET ADDRESS **2685 S. BAYSHORE DR.**
 CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **D** Change Addition
 NAME **BAND, MICHAEL**
 STREET ADDRESS **100 SE 2 STREET, SUITE 2800**
 CITY-ST-ZIP **MIAMI, FL 33131-2144**

TITLE **TD** Delete
 NAME **NASSI, IRA**
 STREET ADDRESS **20850 SAN SIMEON WAY**
 CITY-ST-ZIP **MIAMI FL**

TITLE **TD** Change Addition
 NAME **NASSI, IRA**
 STREET ADDRESS **3500 MYSTIC POINT DR., APT. 1106**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **D** Delete
 NAME **COOPERMAN, SIDNEY**
 STREET ADDRESS **9350 W. BAY HARBOR DR.**
 CITY-ST-ZIP **BHI FL**

TITLE **D** Change Addition
 NAME **COHEN, DEREK**
 STREET ADDRESS **701 BRICKELL AVE., SUITE 1500**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **PD** Delete
 NAME **FREIDMAN, ROBERT**
 STREET ADDRESS **701 BRICKELL AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** Change Addition
 NAME **FISHER, RANDALL C.**
 STREET ADDRESS **10755 SW 72 STREET**
 CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **CD** Delete
 NAME **LEVY HARRY A.**
 STREET ADDRESS **10800 BISCAYNE BLVD**
 CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **CD** Change Addition
 NAME **LEVY, HARRY A.**
 STREET ADDRESS **1690 S. CONGRESS AVE., SUITE 220**
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **S** Delete
 NAME **GANZ, ELINOR**
 STREET ADDRESS **1000 ISLAND BLVD #3203**
 CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **D** Change Addition
 NAME **ROTH, IRIS**
 STREET ADDRESS **1 SE 3 AVE., SUITE 1200**
 CITY-ST-ZIP **MIAMI, FL 33131**

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: *Sondra S. Reiff*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00 305-576-1660

Date

Daytime Phone #

CR2E037 (9/99)