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

## DOCUMENT # 728996

1. Entity Name

FERD AND GLADVS ALDEDT JEWISH CAMILY



**FILED** Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90079 044 \*\*\*\*70.00

	ICE OF PALM BEACH COUNTY								
Principal Place of Business 4605 COMMUNITY DRIVE WEST PALM BEACH FL 33417		Mailing Address 4605 COMMUNITY DRIVE WEST PALM BEACH FL 33417		i	70024457				
					 			EM IISM BARN E	1811 SUSSI 18 <b>1</b> 1
2. Principal Place of Business 3. I		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		1	4. FEI Number 59-1520581 Applied For				
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	<u></u>	\$8.75 AC	lot Applicable
	6. Name and Address of Current R	egistered Agent			7. Name and Add			Fee Requir	ed
		and the second of the second o	- Name	نيب بيسد	7. Name and Add	ress of New M	egisterea	Agent	
SCHWARTZ, DAVID R ESQ 1655 PALM BEACH LAKES BLVD. #106			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	ALM BEACH FL 33401		, <u> </u>						<del> </del>
	*		City		<del> </del>	<del></del> .	FL	Zip Cod	de
8. The abov	re named entity submits this statement for the	he purpose of changing its	registered office o	r registere	ed agent, or both, in	the State of Flor			and accept
the obliga	ations of registered agent.								
SIGNATURE									
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signa	ture required v	when reinstating)		DATE		<del></del>
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 DIRE	CTORS	11.	Α	DDITIONS/CHANGI	S TO OFFICER	S AND DI	RECTORS IN	I 10
TITLE NAME STREET ADDRESS	S ROSENBLUM, BARRY 1105 NORTH UMBERLAND CT	Delete	TITLE NAME	Secr	etary Leboo	·		Change	Addition
CITY-ST-ZIP	WELLINGTON FL 33414		STREET ADDRESS CITY-ST-ZIP	30 H	ampshire Inton Beac	hane h Fi 37	3436		
TITLE	P	☐ Delete	TITLE	,,,,	1.1.20 K 10 cac	<u> </u>	<del>5 , 5 -</del>	☐ Change	Addition
name Street address	LEVY, HOWARD 440 COLUMBIA DRIVE, STE. 500		NAME	}					
CITY-ST-ZIP	WEST PALM BEACH FL 33409	- <u>-</u>	STREET ADDRESS CITY-ST-ZIP		·		•		
TITLE	T	☐ Delete	TITLE				<u></u>	☐ Change	☐ Addition
NAME	FRIEDKIN, RICHARD		NAME						
STREET ADDRESS CITY-ST-ZIP	10221 HERONWOOD LN WEST PALM BEACH FL 33412		STREET ADDRESS CITY-ST-ZIP						
TITLE	D D	Delete	TITLE			<del></del>		Chagas	- Addition
NAME	KONIGSBURG, DALE A	Dolotto	NAME					☐ Change	☐ Addition }
STREET ADDRESS	4262 NORTHLAKE BLVD.	•	STREET ADDRESS						
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		CITY-ST-ZIP						
TITLE LAME	MD Newstein, Neil P	☐ Delete	TITLE NAME		•			☐ Change	Addition
STREET ADDRESS	146 COCOPLUM LANE		STREET ADDRESS						1
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		CITY-ST-ZIP						
ITLE	VP	☐ Delete	TITLE	·			-	☐ Change	☐ Addition
IAME	MAXROTH, RABBI		NAME						
TREET ADDRESS	501 NE 26TH AVE   BOYNTON BEACH FL 33435		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 officers, with all other like empowered.

SIGNATURE:

561-684-1991