

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # 730704

1. Entity Name
 JEWISH COMMUNITY CENTER OF THE GREATER PALM BEACHES, I
 NC.

| | |
|---|---|
| Principal Place of Business 3151 N. MILITARY TRAIL WEST PALM BEACH FL 33409 | Mailing Address 3151 N. MILITARY TRAIL WEST PALM BEACH FL 33409 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

4. FEI Number
59-1582799

| | |
|----------------|-------------------------------------|
| Applied For | <input type="checkbox"/> |
| Not Applicable | <input checked="" type="checkbox"/> |

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RICHARD COMITER
 222 LAKEVIEW AVE
 #800
 WEST PALM BEACH FL 33401

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 _____ DATE **04/23/2001**

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 | P <input type="checkbox"/> Delete |
| NAME | LEVY STACEY |
| STREET ADDRESS | 4 SHANNON CIR |
| CITY-ST-ZIP | WEST PALM BEACH FL |
| TITLE | VD <input type="checkbox"/> Delete |
| NAME | COMITER RICHARD |
| STREET ADDRESS | 2668 NATIVE DANCER RD |
| CITY-ST-ZIP | PALM BEACH GARDENS FL |
| TITLE | PPD <input type="checkbox"/> Delete |
| NAME | SIMS NANCY |
| STREET ADDRESS | 14 WYCLIFF RD. |
| CITY-ST-ZIP | PALM BEACH GARDENS FL |
| TITLE | VD <input type="checkbox"/> Delete |
| NAME | DANIELS STEVE |
| STREET ADDRESS | 8651 NATIVE DANCER RD N. |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 |
| TITLE | VD <input type="checkbox"/> Delete |
| NAME | LEVY HOWARD |
| STREET ADDRESS | 440 COLUMBIA DR |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAMPERT ARNOLD |
| STREET ADDRESS | 2900 LE BATEAU DRIVE |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: STACEY LEVY P 04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)