

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90162 024 ****70.00

DOCUMENT # 737796

1. Entity Name

SAMUEL M. AND HELENE SOREF, JEWISH COMMUNITY CEN

Principal Place of Business

Mailing Address

6501 W SUNRISE BLVD
 FT. LAUDERDALE FL 33313

6501 W SUNRISE BLVD
 FT. LAUDERDALE FL 33313-6036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1766701

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

SOMERSTEIN, MARK
200 E BROWARD BLVD
15TH FLOOR
FT LAUDERDALE FL 33301

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P SOMERSTEIN, MARK**
 STREET ADDRESS **200 E BROWARD BLVD 15TH FLOOR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE Change Addition
 NAME **DIRECTOR**
 NAME **MARK SOMERSTEIN**
 STREET ADDRESS **200 E. BROWARD BLVD. 15TH FLOOR**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

TITLE Delete
 NAME **T KOPPERL, SID**
 STREET ADDRESS **11638 N.W. 48TH COURT**
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE Change Addition
 NAME **PRESIDENT**
 NAME **KOPPERL, SID**
 STREET ADDRESS **11638 N.W. 48TH COURT**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE Delete
 NAME **D FELLER, STEVEN (LOUISE)**
 STREET ADDRESS **12250NW 5 ST.**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition

TITLE Delete
 NAME **D DISHOWITZ, JEANNE**
 STREET ADDRESS **9160 NW 17TH STREET**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition

TITLE Delete
 NAME **D GIMBEL, MICHAEL**
 STREET ADDRESS **431 W. LAKE DASHA DRIVE**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition

TITLE Delete
 NAME **VP**
 NAME **COHEN, WENDY**
 STREET ADDRESS **10108 S W 1ST COURT**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change 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: KOPPERL, SID Pres.

4/3/00

792-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)