

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90037 003 ****70.00

DOCUMENT # 767396

1. Entity Name

SOUTH BROWARD JEWISH FEDERATION HOUSING, INC.

Principal Place of Business

**3081 TAFT ST
HOLLYWOOD FL 33021
US**

Mailing Address

**3081 TAFT ST
HOLLYWOOD FL 33021
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2306562

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUBIN, DR G
3081 TAFT ST
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

SIEPSE, GARY

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

3081 TAFT STREET

City

HOLLYWOOD

FL

Zip Code
33021

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

11/31/02

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHULMAN, DAVID B	
STREET ADDRESS	9513 SEA TURTLE DR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KASSOWER, JEFFREY	
STREET ADDRESS	10315 NW 3RD PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TELLES, SELMA	
STREET ADDRESS	6618 RACQUET CLUB DR.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SPATZ, GAIL	
STREET ADDRESS	3830 N. 31ST TERR.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, DR. GARY	
STREET ADDRESS	90 JUNIPER ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, JOSEPH L	
STREET ADDRESS	PO BOX 7259	
CITY-ST-ZIP	HOLLYWOOD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTER, BARRY, M.D.	
STREET ADDRESS	3212 SW 57 PLACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSER, GENE K.	
STREET ADDRESS	4231 CASPER COURT	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, REBECCA H.	
STREET ADDRESS	4210 CASPER COURT	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TABATCHNICK, DREW	
STREET ADDRESS	12101 NW 7 STREET	
CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEPSE, GARY	
STREET ADDRESS	3081 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMERSTEIN, MARK K.	
STREET ADDRESS	8708 MAHOGANY AVENUE	
CITY-ST-ZIP	PLANTATION, FL 33324	

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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

11/31/02

954-252-6700

Date

Daytime Phone #

CR2E037 (9/01)