

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002759

1. Entity Name

HEBREW COLLEGE, INC.

FILED

Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90099 030 ****61.25

Principal Place of Business

Mailing Address

43 HAWES ST.
BROOKLINE MA 02446

43 HAWES ST.
BROOKLINE MA 02446

2. Principal Place of Business

3. Mailing Address

160 HERRICK RD.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Newton, Ma

Zip

Country

02459

Middlesex

Zip

Country

4. FEI Number

04-2104300

Applied For

Not Applicable

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

H & H WISHNA, INC.
7729 BANYAN WAY
TAMARAC FL 33321

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 P
NAME GORDIS, DAVID M
STREET ADDRESS 43 HAWES ST.
CITY-ST-ZIP BROOKLINE MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME KLARMAN, BETH S
STREET ADDRESS 329 HEATH ST.
CITY-ST-ZIP BROOKLINE MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME BLOOM, ARNOLD
STREET ADDRESS 286 CONGRESS ST., STE 325
CITY-ST-ZIP BOSTON MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME STEINERY, ALAN
STREET ADDRESS 32 ASH ST.
CITY-ST-ZIP CAMBRIDGE MA ☐ Delete

TITLE
NAME STEINERT, ALAN ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE CD
NAME GAIL, MICKEY
STREET ADDRESS 106 ACCESS RD
CITY-ST-ZIP NORWOOD MA ☐ Delete

TITLE
NAME CAIL, MICKEY ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME CHAFETZ, IRWIN
STREET ADDRESS 300 FIRST AVE.
CITY-ST-ZIP NEEDHAM MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02 617-559-8772
Date Daytime Phone #

CR2E037 (9/01)