

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90107 022 ****70.00

DOCUMENT # F01000002759

1. Entity Name
HEBREW COLLEGE, INC.



Principal Place of Business

**160 HERRICK RD
NEWTON MA 02459**

Mailing Address

**160 HERRICK RD
NEWTON MA 02459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEWTON, MA

City & State

NEWTON, MA

Zip

Country

02459

Zip

Country

02459

4. FEI Number **04-2104300**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Samuel Federico

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

1/7/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME **GORDIS, DAVID M**
STREET ADDRESS **160 HERRICK ROAD**
CITY-ST-ZIP **NEWTON, MA 02459**

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ 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)(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:

Samuel Federico

CR2E037 (10/02)