

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007753

1. Entity Name

COCONUT CREEK JEWISH PUBLIC LIBRARY INCORPORATED

FILED

May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90035 049 \*\*\*\*61.25

Principal Place of Business

4835 COCONUT CREEK PKWY  
COCONUT CREEK FL 33063

Mailing Address

4835 COCONUT CREEK PKWY  
COCONUT CREEK FL 33063

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

☒ 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

GANSBURG, YOSEF  
4835 COCONUT CREEK PKWY  
COCONUT CREEK FL 33063

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 DP ☐ Delete  
NAME GANSBURG, YOSEF  
STREET ADDRESS 3937 NW 22ND STREET  
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 7530 Lyons Rd  
CITY-ST-ZIP Coconut Creek, FL 33073

TITLE DS ☐ Delete  
NAME GANSBURG, BAILA  
STREET ADDRESS 3937 NW 22ND STREET  
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 7530 Lyons Rd  
CITY-ST-ZIP Coconut Creek, FL 33073

TITLE DT ☐ Delete  
NAME BUSEY, ILENE T  
STREET ADDRESS 7382 NW 45TH AVE  
CITY-ST-ZIP COCONUT CREEK FL 33063

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
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:

SIGNATURE REQUIRED GANSBURG

5/1/01

954-422-1987

CR2E037 (10/00)