

2002 UNIFORM BUSINESS REPORT (UBR)

5/28

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-28-2002 90705 015 ****61.25

DOCUMENT # N00000007753

1. Entity Name

COCONUT CREEK JEWISH PUBLIC LIBRARY INCORPORATED

Principal Place of Business

Mailing Address

4835 COCONUT CREEK PKWY
 COCONUT CREEK FL 33063

4835 COCONUT CREEK PKWY
 COCONUT CREEK FL 33063

38056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

32-0020555
 APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 GANSBURG, YOSEF
 7530 LYONS RD.
 COCONUT CREEK FL 33073 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 GANSBURG, BAILA
 7530 LYONS RD.
 COCONUT CREEK FL 33073 ☐ Delete

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

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

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

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☐ 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 RECORDED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

954-422-1987
 Daytime Phone #

CR2E037 (9/01)