

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007753

FILED  
May 01, 2003  
Secretary of State

**Entity Name:** COCONUT CREEK JEWISH PUBLIC LIBRARY INCORPORATED

**Current Principal Place of Business:**

4835 COCONUT CREEK PKWY  
COCONUT CREEK, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

4835 COCONUT CREEK PKWY  
COCONUT CREEK, FL 33063

**New Mailing Address:**

7530 LYONS RD  
COCONUT CREEK, FL 33073

**FEI Number:** 32-0020555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GANSBURG, YOSEF  
4835 COCONUT CREEK PKWY  
COCONUT CREEK, FL 33063

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GANSBURG, YOSEF  
Address: 7530 LYONS RD.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: DS ( ) Delete  
Name: GANSBURG, BAILA  
Address: 7530 LYONS RD.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: DT ( ) Delete  
Name: BUSEY, ILENE T  
Address: 7382 NW 45TH AVE  
City-St-Zip: COCONUT CREEK, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BAILA GANSBURG

DS

05/01/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date