

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91414 035 *****61.25

DOCUMENT # N02000002167

1. Entity Name

**THE ROSE AND JACK ORLOFF CENTRAL AGENCY FOR JEWI
SH EDUCATION OF BROWARD COUNTY, INC.**



Principal Place of Business

**5850 SOUTH PINE ISLAND ROAD
DAVIE FL 33328**

Mailing Address

**5850 SOUTH PINE ISLAND ROAD
DAVIE FL 33328**

2. Principal Place of Business

5890 South Pine Island Rd

3. Mailing Address

5890 South Pine Island Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33328

Country

Zip

33328

Country

4. FEI Number

03-0429765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

11040216



6. Name and Address of Current Registered Agent

**COHN, ALAN B ESO
2021 TYLER STREET
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BERZOFKY, CARYL**
STREET ADDRESS **5101 W PARK ROAD**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ Delete
NAME **GOBER, FRANK DR.**
STREET ADDRESS **9500 NW 44TH PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☐ Delete
NAME **BAKER, CHARLOTTE**
STREET ADDRESS **3821 ENVIRON BLVD**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **D** ☐ Delete
NAME **BROT, KARL DR.**
STREET ADDRESS **2920 HUNTER ROAD**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **D** ☐ Delete
NAME **COHN, ALAN**
STREET ADDRESS **8800 N LAKE DASHES DRIVE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete
NAME **GRUBER, COOKIE**
STREET ADDRESS **5031 N 36TH STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

CARYL BERZOFKY

4/30/03

CR2E037 (10/02)