

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02607

1. Entity Name

JEWISH WAR VETERANS POST 520, INC.

Principal Place of Business

POST OFFICE BOX 6404
LAKE WORTH FL 33466-3404
US

Mailing Address

P. O. BOX 6404
LAKE WORTH FL 33466-6404
US

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

59-2405822

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

GORDON, HERB
8250 LAKE CYPRESS ROAD
LAKE WORTH FL 33467

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

14 MAR. 2000

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 PD
NAME GREENWALD, WALTER
STREET ADDRESS 113 GREENBRIAR C
CITY-ST-ZIP WEST PALM BEACH FL 33417

☒ Delete

TITLE PD
NAME TENZER, HAROLD
STREET ADDRESS 180 WELLINGTON K
CITY-ST-ZIP WEST PALM BEACH, FL. 33417

☒ Change ☐ Addition

TITLE VD
NAME MEYERSON, SHERMAN
STREET ADDRESS 3138 VIA POINCIANA DR. #212
CITY-ST-ZIP LAKE WORTH FL 33467

☒ Delete

TITLE VD
NAME BERNARD, KELLY
STREET ADDRESS 2658 IRMA LANE DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL. 33411

☐ Change ☐ Addition

TITLE TD
NAME KIRSCHNER, SEYMOUR
STREET ADDRESS 4702 LUCERNE LKS BLVD E
CITY-ST-ZIP LAKE WORTH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 MAR. 2000 561 433 9731

Date

Daytime Phone #

CR2E037 (9/95)