

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17008

1. Entity Name

PALM BEACH JEWISH COMMUNITY CAMPUS CORPORATION

Principal Place of Business

4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417-2760

Mailing Address

4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417-2716

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

65-0006250

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

KLEIN, JEFFREY L.
4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417-2760

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 PD ☐ Delete
NAME MEYER, ARTHUR I
STREET ADDRESS 1040 N LAKE WAY
CITY-ST-ZIP PALM BEACH FL

TITLE VPD ☐ Change ☒ Addition
NAME EUGENE J. RIBAKOFF
STREET ADDRESS 44 COCONUT ROW
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE SD ☐ Delete
NAME LEVY, STACEY
STREET ADDRESS 4 SHANNON CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE ☒ Delete
NAME HOFFMAN, HELEN G.
STREET ADDRESS 150 BRADLEY PLACE, APT 616
CITY-ST-ZIP PALM BEACH FL

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

TITLE VD ☐ Delete
NAME JACOBSON, CHARLES
STREET ADDRESS 2500 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

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

TITLE TD ☐ Delete
NAME TOCHNER, MAX
STREET ADDRESS 885 FATHOM RD
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90111 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)