

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91320 031 ****61.25

DOCUMENT # N17008

1. Entity Name

PALM BEACH JEWISH COMMUNITY CAMPUS CORPORATION

Principal Place of Business

301 COMMUNITY DRIVE
 WEST PALM BEACH FL 33417-2760

Mailing Address

4601 COMMUNITY DRIVE
 WEST PALM BEACH FL 33417-2760

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

FELDMAN, HOWARD A
 4601 COMMUNITY DRIVE
 WEST PALM BEACH FL 33417-2760

7. Name and Address of New Registered Agent

Name

Michelle Schwartz

Street Address (P.O. Box Number is Not Acceptable)

4601 Community Drive

City

West Palm Beach

FL

Zip Code

33417

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

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

TITLE SD
 NAME LEVY, STACEY ☐ Delete
 STREET ADDRESS 111 REGATTA CIRCLE
 CITY-ST-ZIP JUPITER FL 33477

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

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

TITLE VPD
 NAME RIBAKOFF, EUGENE J ☒ Delete
 STREET ADDRESS 44 COCOANUT ROW
 CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
 NAME martin LIST
 STREET ADDRESS 223 Sunset Ave
 CITY-ST-ZIP Palm Beach FL 33480

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 VD ☒ Change ☐ Addition
 NAME Norman Goldblum
 STREET ADDRESS 109 Everglades Ave
 CITY-ST-ZIP Palm Beach 33480

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/02

Daytime Phone #

478-0700

CR2E037 (9/01)