

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19523

1. Entity Name

JEWISH HOME FOR THE AGED OF PALM BEACH COUNTY FO

Principal Place of Business

Mailing Address

% E. DREW GACKENHEIMER
4847 FRED GLADSTONE MEMORIAL DRIVE
WEST PALM BEACH FL 33417

% E. DREW GACKENHEIMER
4847 FRED GLADSTONE MEMORIAL DRIVE
WEST PALM BEACH FL 33417-8023

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

59-2774476

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

GACKENHEIMER, E. DREW
4847 FRED GLADSTONE MEMORIAL DRIVE
WEST PALM BEACH FL 33417

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 NAME STREET ADDRESS CITY-ST-ZIP	D GACKENHEIMER, E. D 121 COMMADORE DRIVE JUPITER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KATZ, STANLEY TWO NORTH BREAKERS ROW PALM BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, ALBERT 100 SUNRISE AVENUE PALM BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, BERNARD R 583 NORTH LAKE WAY PALM BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERG, BARRY S. 2809 EMBASSY DRIVE WEST PALM BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZELNICK, MARILYN 13932 EASTPOINTE CT. PALM BEACH GARDENS FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GACKENHEIMER, E. DREW 4847 FRED GLADSTONE DRIVE WEST PALM BEACH, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME 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:

E. DREW GACKENHEIMER

2-21-00

561-471-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE