

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90068 020 ****61.25

DOCUMENT # N23328

1. Entity Name

**SOUTH PALM BEACH COUNTY HEBREW FREE LOAN SOCIETY
, INC.**



Principal Place of Business

**21300 RUTH AND BARON COLEMAN BLVD
BOCA RATON FL 33428**

Mailing Address

**21300 RUTH AND BARON COLEMAN BLVD
BOCA RATON FL 33428**

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 **65-0015789**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BELOFF, DONN
2255 GLADES ROAD
SUITE 3402
BOCA RATON FL 33432**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BINADUITZ, JOY	
STREET ADDRESS	5220 BODEGA PLACE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SANDLER, HARVEY	
STREET ADDRESS	17663 LAKE ESTATES DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GOLDEN, MIKE	
STREET ADDRESS	77151 MANDYLYNN CT	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PHILLIPS, LARRY	
STREET ADDRESS	7098 AYRSHIRE LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/29/23

561-852-2333

CR2E037 (10/02)