

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90187 031 ****75.00

DOCUMENT # N24304

1. Entity Name
HOLOCAUST SURVIVORS CLUB OF BOCA RATON, INC.



Principal Place of Business

**3036 WOLVERTON B
BOCA RATON FL 33434
US**

Mailing Address

**3036 WOLVERTON B
BOCA RATON FL 33434
US**

2. Principal Place of Business

**FANSHAW C
Suite, Apt. #, etc.
112**

3. Mailing Address

**FANSHAW C
Suite, Apt. #, etc.
112**

City & State
BOCA RATON FL.

Zip
33434 Country
US

City & State
BOCA RATON, FL

Zip
33434 Country
US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2145916**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GORBATHY, JULIUS
3036 WOLVERTON B
BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

Name **BIRNBAUM SAUL**
Street Address (P.O. Box Number is Not Acceptable)
112 FANSHAW C
City **BOCA RATON** FL Zip Code **33434**

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 **BIRNBAUM SAUL**
Signature, typed or printed name of registered agent and title if applicable.

Saul Birnbaum Jan 15, 2003
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORBATHY, JULIUS 3036 WOLVERTON B BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NEIMAN, ISRAEL 2018 GUILFORD A BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS HABERMAN, ROBERTA 4026 HYTHE B BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS PAULA, KALINA 4026 YARMOUTH B BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FST SILVERMAN, LEONA 196 MANSFIELD E BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUPERBERG, ICEK 4038 WOLVERTON B BOCA RATON FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRNBAUM, SAUL 112 FANSHAW C BOCA RATON FL. 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT REICH HENRY 2028 WOLVERTON B BOCA RATON FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FST NEULINGER MARGARET 4002 EXETER A BOCA RATON FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Saul Birnbaum* SAUL BIRNBAUM Jan. 15, 2003 561-451-1986

CR2E037 (10/02)