

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40167

1. Entity Name

COMMISSION FOR JEWISH EDUCATION OF THE PALM BEAC

Principal Place of Business

3267 N MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address

3267 N MILITARY TRAIL
WEST PALM BEACH FL 33409-2732

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0219982

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

STEINBERG, BARBARA S.
4603 COMMUNITY DR
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 D ☐ Delete
NAME NEWMAN, SCOTT
STREET ADDRESS 5573 HIGH FLYER RD N
CITY-ST-ZIP PALM BCH GARDENS FL 33411

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

TITLE D ☐ Delete
NAME KAZINE, BRIAN
STREET ADDRESS 15585 BELLANEA LANE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition
NAME Kazinec, Brian
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHAPRIO, DEBRA
STREET ADDRESS 2541 SEMINOLE CIR
CITY-ST-ZIP WEST PALM BCH FL 33409

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

TITLE C ☐ Delete
NAME WALTZER-SCHULMAN, NORMA DR
STREET ADDRESS 9245 SE COVE POINTE ST
CITY-ST-ZIP TEQUESTA FL 33469

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

TITLE D ☐ Delete
NAME KURIT, BERNERD
STREET ADDRESS 3125 EMBASSY DR
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE D ☐ Delete
NAME STEINBERG, BARBARA
STREET ADDRESS 2770 HANCOCK CREEK RD.
CITY-ST-ZIP WEST PALM BEACH FL 33411

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 #

CR2E037 (9/99)