

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90200 044 ****61.25

DOCUMENT # N40167

1. Entity Name

COMMISSION FOR JEWISH EDUCATION OF THE PALM BEAC

Principal Place of Business

Mailing Address

3267 N MILITARY TRAIL
 WEST PALM BEACH FL 33409

3267 N MILITARY TRAIL
 WEST PALM BEACH FL 33409

657057



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0219982

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<input type="checkbox"/> Delete
NAME	NEWMAN, SCOTT	
STREET ADDRESS	5573 HIGH FLYER RD N	
CITY-ST-ZIP	PALM BCH GARDENS FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAZINEC, BRIAN	
STREET ADDRESS	15585 BELLANEA LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPRIO, DEBRA	
STREET ADDRESS	2541 SEMINOLE CIR	
CITY-ST-ZIP	WEST PALM BCH FL 33409	
TITLE	C	<input type="checkbox"/> Delete
NAME	WALTZER-SCHULMAN, NORMA DR	
STREET ADDRESS	9245 SE COVE POINTE ST	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	KURIT, BERNERD	
STREET ADDRESS	3125 EMBASSY DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINBERG, BARBARA	
STREET ADDRESS	2770 HANCOCK CREEK RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE WARSHAW	
STREET ADDRESS	2611 EMBASSY DR	
CITY-ST-ZIP	WEST PALM BCH FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara Steinberg
REQUIRED

4/30/01 (561)
 640-0700

CR2E037 (10/00)