

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

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90245 028 \*\*\*\*70.00

**DOCUMENT # N40167**

1. Entity Name  
**COMMISSION FOR JEWISH EDUCATION OF THE PALM BEACHES, INC.**



Principal Place of Business  
**3267 N MILITARY TRAIL  
WEST PALM BEACH FL 33409**

Mailing Address  
**3267 N MILITARY TRAIL  
WEST PALM BEACH FL 33409**

**Z0008120**



CHECK HERE IF MAKING CHANGES

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 **65-0219982**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STEINBERG, BARBARA S.  
3267 N MILITARY TRAIL  
WEST PALM BEACH FL 33409**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WARSHAW, JANE</b>	
STREET ADDRESS	<b>2611 EMBASSY DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHAPIRO, DEBRA Shapiro</b>	
STREET ADDRESS	<b>2541 SEMINOLE CIR</b>	
CITY-ST-ZIP	<b>WEST-PALM-BCH-FL-33409</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>WALTZER-SCHULMAN, NORMA DR</b>	
STREET ADDRESS	<b>9245 SE COVE POINTE ST</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KURIT, BERNERD</b>	
STREET ADDRESS	<b>3125 EMBASSY DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEINBERG, BARBARA</b>	
STREET ADDRESS	<b>2770 HANCOCK CREEK RD.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Goldstein, Susan</b>	
STREET ADDRESS	<b>2517 Seminole Circle</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>	
TITLE	<b>0</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Newman, Scott</b>	
STREET ADDRESS	<b>5573 High Flyer Road N.</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	
TITLE	<b>0</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shapiro, Debra</b>	
STREET ADDRESS	<b>2541 Seminole Cir</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>	
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		

CR2E037 (10/02)

2. 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR