

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42898

1. Entity Name

IRENE SACKS KORNHAUSER CHARITABLE FOUNDATION, IN

Principal Place of Business

Mailing Address

4601 COMMUNITY DRIVE  
WEST PALM BEACH FL 33401

4601 COMMUNITY DRIVE  
WEST PALM BEACH FL 33417-2716

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

65-0253203

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

PHILIPS, EUGENE  
JEWISH FEDERATION OF PALM BEACH COUNTY, INC  
4601 COMMUNITY DR  
WEST PALM BCH 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 PD  
NAME LIST, CYNTHIA S.  
STREET ADDRESS 218 TANGIER AVE  
CITY-ST-ZIP PALM BEACH FL ☐ Delete

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

TITLE VD  
NAME LIST, ROBERT E.  
STREET ADDRESS 218 TANGIER AVE  
CITY-ST-ZIP PALM BEACH FL ☐ Delete

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

TITLE D  
NAME GREEN, BARBARA  
STREET ADDRESS 583 N LAKE WAY  
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

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

TITLE D  
NAME SIMON, ADELE  
STREET ADDRESS 1883 INDIAN ROAD  
CITY-ST-ZIP LAKE CLARKE SHORES FL 33406 ☐ Delete

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

TITLE SD  
NAME BERMAN, EILEEN  
STREET ADDRESS 13170 CRISA DR  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete

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

TITLE T  
NAME PHILIPS, EUGENE  
STREET ADDRESS 1191 N OCEAN WAY  
CITY-ST-ZIP PALM BCH FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00 (561) 478-0700/4138

Date

Daytime Phone #

FILED  
Mar 13, 2000 8:00 am  
Secretary of State

03-13-2000 90069 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)