

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90048 008 ****61.25

DOCUMENT # N48592

1. Entity Name

MEN'S ASSOCIATES OF THE MORSE GERIATRIC CENTER,

Principal Place of Business

Mailing Address

**4847 FRED GLADSTONE MEMORIAL DR.
W. PALM BEACH FL 33417**

**4847 FRED GLADSTONE MEMORIAL DR.
W. PALM BEACH FL 33417-9023**



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

65-0329968

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

**GACKENHEIMER, E. DREW
4847 FRED GLADSTONE MEMORIAL 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	P	<input type="checkbox"/> Delete
NAME	KATZ, BURTON	
STREET ADDRESS	6572 EASTPOINTE PINES	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STRAUSS, HAROLD	
STREET ADDRESS	13579 VERDE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, IRVING	
STREET ADDRESS	6895 PALM GROVE CT	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAPOPORT, ESTHER	
STREET ADDRESS	6599 EASTPOINTE PINES ST	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAMER, SAUL	
STREET ADDRESS	100 SUNRISE AVE	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GACKENHEIMER, E. DREW	
STREET ADDRESS	4847 FRED GLADSTONE DR.	
CITY-ST-ZIP	WEST PALM BCH. FL	

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	
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 E. DREW GACKENHEIMER **2-28-00** 561-471-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)