2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000000227

Entity Name: JEWISH COMMUNITY FACILITIES CORPORATION

FILED Jan 15, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
9901 DONNA KLEIN BLVD. BOCA RATON, FL 334281788					
Current Mailing Address:			New Maili	New Mailing Address:	
9901 DONNA KLEIN BLVD. BOCA RATON, FL 334281788					
FEI Number: 65-0446896 FEI Number Applied For () FEI Nu		FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KIRSNER, MARVIN A 2255 GLADES RD STE 419A BOCA RATON, FL 33431 US					
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:					
	Electronic	Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ()E NADLER, HARRY 7409 ESTRELLA BOCA RATON, FI	CIR.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GELFAND, STEVE 9901 DONNA KLEIN BLVD. BOCA RATON, FL 33428 US	
Title: Name: Address: City-St-Zip:	PD () E NOBIL, JAMES 5735 NORTHWE BOCA RATON, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () E ROBINS, ANDRE 3225 SAINT JAM BOCA RATON, FI	ES DRIVE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	TD () E ALTHEIMER, JER 7383 ORANGEW BOCA RATON, FI	OOD LANE #501	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () E ROBINSON, ROS 20815 PINAR TR. BOCA RATON, FI	AIL	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E GREENSPOON, V 5804 WINDSOR E BOCA RATON, FI	ст.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE GELFAND D 01/15/2003