

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001830

1. Entity Name

WEST BROWARD JEWISH CENTER, INC.

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90045 023 \*\*\*\*61.25

Principal Place of Business

9140 N.W. 14TH ST.  
PLANTATION FL 33322

Mailing Address

P.O. BOX 451138  
SUNRISE FL 33345

2. Principal Place of Business

13000 SW 29TH COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

Zip

33330

Country

U.S.A.

Country

4. FEI Number

65-0413777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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.

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**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS SIMON, RON  
CITY-ST-ZIP 412 S.W. 12TH COURT  
FT LAUDERDALE FL 33315

TITLE ☐ Delete  
NAME DVI  
STREET ADDRESS DELL, STEVEN  
CITY-ST-ZIP 2404 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

TITLE ☐ Delete  
NAME DT  
STREET ADDRESS REISS, STANLEY  
CITY-ST-ZIP 9140 N.W. 14 ST.  
PLANTATION FL 33322

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GRUVMAN, ED  
CITY-ST-ZIP 4026 INVERRARY BLVD., TOWNHOUSE 8A  
LAUDERHILL FL 33319

TITLE ☐ Delete  
NAME DS  
STREET ADDRESS SABGHIR, J M  
CITY-ST-ZIP 2398 S. DIXIE HWY  
MIAMI FL 33133

TITLE ☐ Delete  
NAME DS  
STREET ADDRESS BUSCH, ALLEN M  
CITY-ST-ZIP 304 NW 97TH AVE  
PLANTATION F

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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

8/16/00

Date

954/473-9323

Daytime Phone #

CR2E037 (5/00)