

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # N93000002148

1. Entity Name

CORAL SPRINGS JEWISH CENTER, INCORPORATED

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90098 024 \*\*\*\*61.25

Principal Place of Business

1400 CORAL SPRINGS DR  
CORAL SPRINGS FL 33071  
US

Mailing Address

1400 CORAL SPRINGS DR  
CORAL SPRINGS FL 33071  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0574426

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

GLASER, BRUCE  
4323 NW 65TH TERR  
CORAL SPRINGS FL 33067

Name Bene Seraphos

Street Address (P.O. Box Number is Not Acceptable)

1400 NW 115th Terrace

City Coral Springs FL

Zip Code 33071

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                      |                                            |
|------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SPECTOR, KENNETH<br>11 SW 111 LANE<br>CORAL SPRINGS FL 33071   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ADLER, JEFFREY<br>10787 NW 5TH PLACE<br>CORAL SPRINGS FL 33071 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MARCUS, GAIL<br>913 RAMBLEWOOD DR<br>CORAL SPRINGS FL 33071    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | RS<br>MODELL, LINDA<br>8640 NW 53RD COURT<br>CORAL SPRINGS FL 33067  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GLASER, BRUCE<br>4323 NW 65TH TER<br>CORAL SPRINGS FL 33067     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | <input type="checkbox"/> Delete            |

|                                                |                                                                        |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | RS<br>Jeanne Arnold<br>2768 Carambola Circle<br>Coconut Creek FL 33066 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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

07-19-2000

Date

954-344-3600

Daytime Phone #

# The Coral Springs Jewish Center

309147

*Congregation Bet Chaverim*

*Rabbi Craig H. Ezring  
Kenneth Spector, Chairman*

The following is a list of current officers of Coral Springs Jewish Center

07-22-2000

**Kenneth Spector – Director**

18861 Biscayne Blvd.

Aventura, Florida 33180

**Jeff Adler – Director**

3111 N. University Dr

Suite 612

Coral Springs, Fl 33065

**Gail Marcus – Director**

913 Ramblewood Dr

Coral Springs, Fl 33071

**Jeanne Arnold – Director**

2768 Carambola Circle

Coconut Creek, Fl 33066

**Rene Serphos – Director**

1406 NW 113 Terrace

Coral Springs, Fl 33071