

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004595

1. Entity Name

BOCA RATON JUDAIC FELLOWS PROGRAM, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90005 002 ****61.25

Principal Place of Business

7900 MONTOYA CIRCLE SOUTH
BOCA RATON FL 33433

Mailing Address

7900 MONTOYA CIRCLE SOUTH
BOCA RATON FL 33433-4912

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

65-0619773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNGER, AHARON

7900 MONTOYA CIRCLE SOUTH
BOCA RATON FL 33433

Name **RABBI KENNETH BRANDEN**

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

7900 MONTOYA CIRCLE S

City **BOCA RATON**

FL

Zip Code
33437

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 **D** ☐ Delete
NAME **UNGER, AHARON**
STREET ADDRESS **690 NE 175TH STREET**
CITY-ST-ZIP **N. MIAMI BEACH FL 33182**

TITLE **P** ☐ Delete
NAME **FERTEL, MORTY**
STREET ADDRESS **7618 STOCKTON TERR.**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **TD** ☒ Delete
NAME **MENSH, JONATHAN**
STREET ADDRESS **7425 ANDORRA PL**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **S** ☐ Delete
NAME **WILLINGS, JEFF**
STREET ADDRESS **7575 LONDON LN**
CITY-ST-ZIP **BOCA RATON FL 33433-F**

TITLE **D** ☐ Delete
NAME **BRANDEN, RABBI KENNETH**
STREET ADDRESS **7900 MONTOYA CIRCLE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE: REGISTERED MENSA

5/1/00

561-394-5732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/93)