

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91156 045 ****61.25

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DOCUMENT # N95000004595

1. Entity Name

~~BOCA RATON JUDICIAL FELLOWS PROGRAM, INC.~~

THE COMMUNITY KOLLEL



Principal Place of Business

7900 MONTOYA CIRCLE SOUTH
BOCA RATON FL 33433

Mailing Address

7900 MONTOYA CIRCLE SOUTH
BOCA RATON FL 33433

11020000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0619773**

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

BRANDER, RABBI KENNETH
1900 MONTOGA CIRCLE
BOCA RATON FL 33433

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **COHAN, HELEN**
STREET ADDRESS **4885 HUNTERS WAY**
CITY-ST-ZIP **BOCA RATON FL 33434**

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

TITLE **P** ☐ Delete
NAME **PEARLMAN, PENNY**
STREET ADDRESS **6737 PORTSIDE DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **TD** ☐ Delete
NAME **ALLSWANG, ELLIOT**
STREET ADDRESS **22147 LARKSPUR TRAIL**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

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

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

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

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

TITLE **P** ☐ Delete
NAME **GLADSTONE, ROGER**
STREET ADDRESS **8563 HORSESHOE LN**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☒ Change ☐ Addition
NAME **D Gladstone, Roger**
STREET ADDRESS **8563 Horseshoe Ln**
CITY-ST-ZIP **Boca Raton, FL 33496**

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 REQUIRED: ABRAHAM D. HAYON

Apr 30, 03 (501) 394-3904

CR2E037 (10/02)