

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90184 050 ****61.25

DOCUMENT # N97000000786

1. Entity Name

JEWISH RESIDENTIAL AND FAMILY SERVICES, INC.

Principal Place of Business

**4605 COMMUNITY DRIVE
WEST PALM BEACH FL 33417**

Mailing Address

**4605 COMMUNITY DRIVE
WEST PALM BEACH FL 33417**

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

65-0737159

Applied For

Not Applicable

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

**LAMPERT, MICHAEL A ESQUIRE
1655 PALM BEACH LAKES BLVD.
SUITE 900
WEST PALM BEACH FL 33401-2225**

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**

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 **S** ☐ Delete
NAME **WEXLER, DONNA**
STREET ADDRESS **11211 PROPERTY FARMS RD**
CITY-ST-ZIP **PALM BCH GARDENS FL 33418**

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

TITLE **DT** ☐ Delete
NAME **LEVY, HOWARD**
STREET ADDRESS **440 COLUMBIA DR STE 500**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE **VPD** ☐ Delete
NAME **RUBINS, JONATHAN D**
STREET ADDRESS **8542 BEACON HILL RD**
CITY-ST-ZIP **PALM BCH GARDENS FL 33401**

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

TITLE **D** ☐ Delete
NAME **TOCHNER, MAX**
STREET ADDRESS **4420 BEACON CIR**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE **P** ☐ Delete
NAME **LAMPERT, MICHAEL A ESQ**
STREET ADDRESS **2970 BURGUYNE LN**
CITY-ST-ZIP **WEST PALM BCH FL 33409**

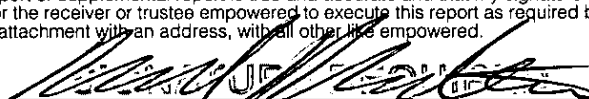
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ED** ☐ Delete
NAME **NEWSTEIN, NEIL P**
STREET ADDRESS **2043 CROSS BREEZE DR**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **146 COCOPLUM LANE**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

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:



CR2E037 (10/00)