

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90014 030 \*\*\*150.00

03876 7 11 11

**DOCUMENT # P01000068178**

1. Entity Name

**JEWISH SENIOR LIVING OF PALM BEACH, INC.**

Principal Place of Business

**1300 PARK OF COMMERCE BLVD. STE 272  
 DELRAY BEACH FL 33445**

Mailing Address

**1300 PARK OF COMMERCE BLVD. STE 272  
 DELRAY BEACH FL 33445**

2. Principal Place of Business

**1325 N HAVERHILL RD  
 Suite, Apt. #, etc.**

3. Mailing Address

**1325 N HAVERHILL RD  
 Suite, Apt. #, etc.**

City & State

**WPB, FL**

Zip

**33404**

Country

**PB**

City & State

**WPB, FL**

Zip

**33404**

Country

**PB**

4. FEI Number

**65-1132889**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**EISINGER, DENNIS J**

**4000 HOLLYWOOD BLVD, STE 265-S  
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

**JANE B. SUMEN**

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

**5950 W. OAKLAND PK BLVD  
 #209**

City

**LAUDERHILL FL**

Zip Code

**33313**

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

**JANE B SUMEN CEO 2/25/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **D GERSTLE, MARK**  
 STREET ADDRESS **19495 BISCAYNE BLVD, STE 705**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☒ Delete  
 NAME **D ROHER, JUDY**  
 STREET ADDRESS **8100 SW 24 ST, STE 106**  
 CITY-ST-ZIP **N LAUDERDALE FL 33068**

TITLE ☐ Delete  
 NAME **D. MILNER, DAVID M.D.**  
 STREET ADDRESS **1100 NW 95 AVE**  
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete  
 NAME **D SUMEN, JANE B**  
 STREET ADDRESS **41 RIDGE BLVD**  
 CITY-ST-ZIP **OCEAN RIDGE FL 33435**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 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  
 NAME **SUMEN, JANE B.**  
 STREET ADDRESS **5900 OLD OCEAN BLVD**  
 CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**JANE B. SUMEN**

**2/25/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-485-4006 x200**

CR2E034 (9/01)