

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704147

1. Entity Name

THE JEWISH FEDERATION OF GREATER ORLANDO, INC. ✓

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90103 046 \*\*\*\*61.25

Principal Place of Business

851 N. MAITLAND AVE.  
P.O. BOX 941508  
MAITLAND FL 32794-1508  
US

Mailing Address

851 N. MAITLAND AVE.  
P.O. BOX 941508  
MAITLAND FL 32794-1508  
US

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

59-0946923

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

GEBOFF, ERIC S.  
897 AVIARY BAY CIRCLE  
LONGWOOD FL 32750

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

T ☒ Delete  
NAME UDELL, BRUCE  
STREET ADDRESS 455 LONGMEADOW LN.  
CITY-ST-ZIP LONGWOOD FL 32779

T ☐ Change ☒ Addition  
NAME KATZEN, HARRY  
STREET ADDRESS 121 STONEHILL DRIVE  
CITY-ST-ZIP MAITLAND, FL 32751

VP ☐ Delete  
NAME BORNSTEIN, DAVID  
STREET ADDRESS 609 AVALON BLVD.  
CITY-ST-ZIP ORLANDO FL

P ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD ☐ Delete  
NAME KLAIMAN, ALLAN DR.  
STREET ADDRESS 160 VISTA OAK DR.  
CITY-ST-ZIP LONGWOOD FL 32779

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

P ☒ Delete  
NAME GRODIN, JAMES  
STREET ADDRESS 207 SMOKERISE BLVD  
CITY-ST-ZIP LONGWOOD FL 32779

V ☐ Change ☒ Addition  
NAME FUCHS, ROSALIND  
STREET ADDRESS 956 STONEWOOD LANE  
CITY-ST-ZIP MAITLAND, FL 32751

VP ☒ Delete  
NAME ABRAMSON, MARK  
STREET ADDRESS 121 SHELL POINT WEST  
CITY-ST-ZIP MAITLAND FL

V ☐ Change ☒ Addition  
NAME CRASNOW, NEAL  
STREET ADDRESS 132 STONEHILL DRIVE  
CITY-ST-ZIP MAITLAND, FL 32751

D ☐ Delete  
NAME GEBOFF, ERIC S.  
STREET ADDRESS 897 AVIARY BAY CIRCLE  
CITY-ST-ZIP LONGWOOD FL

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/00 407-645-5933  
Date Daytime Phone #