

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90176 004 \*\*\*\*61.25

**DOCUMENT # 714320**

1. Entity Name  
**MENORAH CENTER, INC.**

Principal Place of Business  
**250 58TH STREET NORTH  
 ST. PETERSBURG FL 33710**

Mailing Address  
**250 58TH STREET NORTH  
 ST. PETERSBURG FL 33710-7904**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1268962** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

~~RENPROW, ROBERT P~~ **KENNETH R. GLOGER**  
~~5858 CENTRAL AVE.~~ **250 58TH STREET N.**  
~~ST. PETERSBURG FL 33710~~ **ST. PETERSBURG, FL 33710**

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 DATE **04/24/00**

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**FILE NOW: FEE IS \$61.25**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | D                               | <input type="checkbox"/> Delete |
| NAME           | JACOB, LUSKI RABBI              |                                 |
| STREET ADDRESS | 301 59TH ST N                   |                                 |
| CITY-ST-ZIP    | ST PETERSBURG FL 33710          |                                 |
| TITLE          | P                               | <input type="checkbox"/> Delete |
| NAME           | WITTNER, TED                    |                                 |
| STREET ADDRESS | 5999 CENTRAL AVE, STE. 400      |                                 |
| CITY-ST-ZIP    | ST PETERSBURG, FL 0             |                                 |
| TITLE          | VP                              | <input type="checkbox"/> Delete |
| NAME           | RIVKIND, HAROLD C               |                                 |
| STREET ADDRESS | 6343 VIA DE SONRISA DE SUR #389 |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 33433             |                                 |
| TITLE          | T                               | <input type="checkbox"/> Delete |
| NAME           | HALPRIN, DAVID                  |                                 |
| STREET ADDRESS | 6681 49TH ST N.                 |                                 |
| CITY-ST-ZIP    | PINELLAS PARK FL                |                                 |
| TITLE          | D                               | <input type="checkbox"/> Delete |
| NAME           | GILBERT, JERRY                  |                                 |
| STREET ADDRESS | 301-61ST STREET, NORTH          |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL               |                                 |
| TITLE          | D                               | <input type="checkbox"/> Delete |
| NAME           | KATZ, ABE                       |                                 |
| STREET ADDRESS | 6132 - 4TH AVENUE               |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL               |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: **WITTNER** DATE **04/24/00** (727) 347-5191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)