

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90015 008 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1268962

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GLOGER, KENNETH R
 250 58TH STREET N
 SAINT PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

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 | 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 | |

| | | |
|----------------|--|---|
| 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 |
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| 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01 767 3475191

Date

Daytime Phone #

CR2E037 (10/00)