

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91575 035 \*\*\*\*61.25

**DOCUMENT # 718216**

1. Entity Name

**ETZ CHAIM SYNOGOGUE**

Principal Place of Business

Mailing Address

**10167 SAN JOSE BLVD.  
 JACKSONVILLE FL 32257**

**10167 SAN JOSE BLVD.  
 JACKSONVILLE FL 32257**

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0931261**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JACOBSON, KENNETH  
 3345 PICADILLY LANE  
 JACKSONVILLE FL 32257**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GRAFF, JAY	
STREET ADDRESS	2901 CABALLERO DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VPD Treasurer	<input type="checkbox"/> Delete
NAME	BRINN, DAVID	
STREET ADDRESS	10446 SCOTT MILL ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	SD VP	<input type="checkbox"/> Delete
NAME	ESTNER, MICHAEL DR	
STREET ADDRESS	2992 BERNICE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FELDMAN, ED	
STREET ADDRESS	10279 BEAR VALLEY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Shapiro	
STREET ADDRESS	10462 Bigtree Cr. E.	
CITY-ST-ZIP	Jax., FL 32257	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" 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		

CR2E037 (9/01)

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02 904 262 3565

Date

Daytime Phone #