

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755531

1. Entity Name

TAMPA-ORLANDO PINELLAS JEWISH FOUNDATION, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90119 046 ****61.25

Principal Place of Business

13009 COMMUNITY CAMPUS DR
TAMPA FL 33625
US

Mailing Address

13009 COMMUNITY CAMPUS DR
TAMPA FL 33625-4000
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

59-2053655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHANKER, BRUCE
13009 COMMUNITY CAMPUS DR
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name William Boas, Ass't Sec'y
Street Address (P.O. Box Number is Not Acceptable)
13009 Community Campus Drive
City Tampa FL Zip Code 33625

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOAS, BILL	
STREET ADDRESS	100 S ASHLEY ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEINER, DICK	
STREET ADDRESS	PO BOX 1600	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ORLOFF, SYLVAN	
STREET ADDRESS	3021 COUNTRYSIDE BLDG A APT 24A	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROLFE, ROGER	
STREET ADDRESS	3069 OAK CREEK DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEIBOWITZ, BLOSSOM	
STREET ADDRESS	1039 GUI SANDO DE AVILLA	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WOLLY, GEORGE	
STREET ADDRESS	1055 KENSINGTON PARK #306	
CITY-ST-ZIP	ATLAMONTE SPRINGS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Marder	
STREET ADDRESS	One Progress Place #1600	
CITY-ST-ZIP	St Petersburg FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Solomon	
STREET ADDRESS	101 E. Kennedy Blvd #2200	
CITY-ST-ZIP	Tampa FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henrietta Katzen	
STREET ADDRESS	P.O. Box 470607	
CITY-ST-ZIP	Celebration FL 34747	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Casey Shear	
STREET ADDRESS	906 Anchor Rd	
CITY-ST-ZIP	Tampa, FL 33602	

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

Date

Daytime Phone #