

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758978

1. Entity Name

MENORAH MANOR, INC.

FILED  
Jun 15, 2000 8:00 am  
Secretary of State

06-15-2000 90003 022 \*\*\*\*61.25

Principal Place of Business Mailing Address  
255 59 ST N 255 59 ST N  
ST. PETERSBURG FL 33710-8539 ST. PETERSBURG FL 33710-8539

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2269292  
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

MARGER, BRUCE  
360 CENTRAL AVE  
SUITE 1500  
ST PETERSBURG FL 33731

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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOBLE, JAMES		NAME		
STREET ADDRESS	2996 SANDPIPER PLACE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEIDEN, MARSHALL		NAME		
STREET ADDRESS	9968 OAKS LANE		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSENBLUM, BARBARA		NAME		
STREET ADDRESS	7 AMBLESIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RACHELSON, SAUL		NAME		
STREET ADDRESS	1103 SHIPWATCH CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISSMAN, MARILYN		NAME		
STREET ADDRESS	1540 GULF BLVD NO 1902		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SELIGMAN, LEONARD		NAME		
STREET ADDRESS	2912 TORREY PINE COURT		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		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: *Marshall Seiden* M. SEIDEN 6/5/00 (727) 345-2725  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)