

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761110

1. Entity Name

JEWISH FEDERATION OF COLLIER COUNTY, INC. ✓

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90091 023 ****61.25

Principal Place of Business 1250 TAMiami TRAIL N SUITE 202 & 203-B NAPLES FL 34102	Mailing Address 1250 TAMiami TRAIL N SUITE 202 & 203-B NAPLES FL 34102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-2151725	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, MICHAEL A
 3003 TAMiami TRAIL NORTH
 SUITE 360
 NAPLES FL 34103

Same - No change to Registered Agent

7. Name and Address of New Registered Agent

Name: Sheldon Starman
 Street Address (P.O. Box Number is Not Acceptable): 680 Gordonia Rd
 City: Naples FL Zip Code: 34108

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: Michael A. Feldman, V.P. and Registered Agent
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 7-11-00

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

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	NAME JACOBSON, ANN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 170 EDMERE WAY S.	CITY-ST-ZIP NAPLES FL 34105	
TITLE VD	NAME SEAMAN, PHYLLIS	<input type="checkbox"/> Delete
STREET ADDRESS 7861 COCO BAY DRIVE	CITY-ST-ZIP NAPLES FL 34108	
TITLE VDD	NAME STARMAN, SHELDON	<input type="checkbox"/> Delete
STREET ADDRESS 680 GORDONIA ROAD	CITY-ST-ZIP NAPLES FL 34108	
TITLE ASD	NAME FLAGEL, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 7515 PELICAN BAY BLVD., #11C	CITY-ST-ZIP NAPLES FL 34108	
TITLE VD	NAME FELDMAN, MICHAEL A	<input type="checkbox"/> Delete
STREET ADDRESS 7545 CORDOBA CIRCLE	CITY-ST-ZIP NAPLES FL 34109	
TITLE TD	NAME COOPER, ALAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 28541 HIGH GATE DR	CITY-ST-ZIP BONITA FL 34135	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P	NAME Sheldon Starman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 680 Gordonia Road	CITY-ST-ZIP Naples, FL 34108	
TITLE S	NAME Sonia Sniderman-Aron	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 20265 Country Club Dr.	CITY-ST-ZIP Estero, FL 33928	
TITLE D	NAME Phyllis Seaman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7861 Coco Bay Drive	CITY-ST-ZIP Naples, FL 34108	
TITLE T	NAME Wallie Lenchner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 112 Napa Ridge Way	CITY-ST-ZIP Naples, FL 34119	
TITLE V	NAME Michael Feldman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS Carnes Capital Corp	CITY-ST-ZIP 3003 Tamiami Tr N #360	
STREET ADDRESS Naples, FL 34103		
TITLE D	NAME Mr. Hans Levy	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4351 Gulf Shore Blvd N	CITY-ST-ZIP PH#6 Naples, FL 34103	

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: Sheldon Starman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Sheldon Starman 941-262-1040
 7/11/00 Date 941-262-1040

CR2E037 (5/00)