

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90046 038 \*\*\*\*61.25

0048100

**DOCUMENT # 761110**

1. Entity Name

**JEWISH FEDERATION OF COLLIER COUNTY, INC.**

Principal Place of Business

Mailing Address

1250 TAMiami TRAIL N  
 SUITE 202 & 203-B  
 NAPLES FL 34102

1250 TAMiami TRAIL N  
 SUITE 202 & 203-B  
 NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2151725**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STERMAN, SHELDON</b>	
STREET ADDRESS	<b>680 GORDONIA ROAD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SEAMAN, PHYLLIS</b>	
STREET ADDRESS	<b>7861 COCO BAY DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>VDD</b>	<input type="checkbox"/> Delete
NAME	<b>STARMAN, SHELDON</b>	
STREET ADDRESS	<b>680 GORDONIA ROAD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>ASD</b>	<input type="checkbox"/> Delete
NAME	<b>LENCHNER, WALLIE</b>	
STREET ADDRESS	<b>112 NAPA RIDGE WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FELDMAN, MICHAEL</b>	
STREET ADDRESS	<b>3003 TAMiami TR N #360</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LEVY, HANS</b>	
STREET ADDRESS	<b>4351 GULF SHORE BLVD N, PH6</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	

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	
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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:

*Michael A Feldman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)