

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90017 048 ****61.25

DOCUMENT # 769716

1. Entity Name

APALACHEE FEDERATION OF JEWISH CHARITIES, INC.

Principal Place of Business

Mailing Address

3866 BOBBIN BROOK CIR
 TALLAHASSEE FL 32312
 US

P.O. BOX 2581
 TALLAHASSEE FL 32316-2581
 US

2. Principal Place of Business

3. Mailing Address

2397 Wintergreen Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

59-2406976

Applied For

Not Applicable

Zip

32308

Country

US

Zip

Country

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

GREENBERG, RICHARD A
3866 BOBBIN BROOK CIR
TALLAHASSEE FL 32312

Name **Al Sulkes**

Street Address (P.O. Box Number is Not Acceptable)
2397 Wintergreen Road

City **Tallahassee**

FL

Zip Code **32308**

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

Al Sulkes; President

01/25/00

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** Delete
 NAME **GREENBERG, RICHARD A**
 STREET ADDRESS **3866 BOBBIN BROOK CIR**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** Change Addition
 NAME **Greenberg, Richard A**
 STREET ADDRESS **3866 Bobbin Brook Circle**
 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **VD** Delete
 NAME **SULKES, AL**
 STREET ADDRESS **2397 WINTERGREEN RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **PD** Change Addition
 NAME **Sulkes, Al**
 STREET ADDRESS **2397 Wintergreen Road**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **SD** Delete
 NAME **MINDLIN, VAL**
 STREET ADDRESS **2529 KILLARNEY WAY**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **KIMELMAN, SAM N**
 STREET ADDRESS **1815 SAGEWAY DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **TD** Change Addition
 NAME **Levy, Maurice**
 STREET ADDRESS **5809 Countryside Drive**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Change Addition
 NAME **Carlen, Jeff**
 STREET ADDRESS **3021 Fermanagh Drive**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SAM N Kimelman, Treasurer

01/25/00

850/562-3540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #