

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90088 002 \*\*\*\*61.25

**DOCUMENT # NO1000000676**

1. Entity Name

**SOUTHWEST FLORIDA HOLOCAUST MUSEUM INC.**

Principal Place of Business

1250 TAMiami TRAIL NORTH, #202  
 NAPLES FL 34102

Mailing Address

~~1250 TAMiami TRAIL NORTH, #202  
 NAPLES FL 34102~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4760 TAMiami TR. N6  
 SUITE #7**

**NAPLES FL**

**34103**

**USA**

4. FEI Number

**59-3740883**

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

**FELDMAN, MICHAEL A  
 8889 PELICAN BAY BLVD., SUITE 500  
 NAPLES FL 34108-7512**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**NA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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	CD	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, ANN	<i>yes</i>
STREET ADDRESS	170 EDMERE WAY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAURAY, CHARLES	<i>yes</i>
STREET ADDRESS	8861 CORKSCREW ROAD	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, DAVID	<i>OFF</i>
STREET ADDRESS	3137 53RD ST., S.W.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERZON, IRVING	<i>OFF</i>
STREET ADDRESS	4341 MONTALVO COURT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNHAM, JOAN	<i>OK</i>
STREET ADDRESS	25750 HICKORY BLVD., #562E	
CITY-ST-ZIP	NAPLES FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDMAN, MICHAEL	<i>OK</i>
STREET ADDRESS	3003 TAMiami TRAIL NORTH, #360	
CITY-ST-ZIP	NAPLES FL 34103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY LEVY	
STREET ADDRESS	1919 49 ST SO	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYNTHIA SHERMAN	
STREET ADDRESS	8231 BAY COLONY DR #1503	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSHUA BIALCK	
STREET ADDRESS	5801 PELICAN BAY BLVD #300	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES DAURAY	
STREET ADDRESS	PO 97	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMAINDER "D"	
STREET ADDRESS	ATTACHED	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

**9/10/02 2639250**

CR2E037 (4/02)

Attachment  
Doc. # N01000000676  
125599

**BOARD**

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Lorie Mayer  
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Naples Fl. 34103  
262 1035

SECT.

TREAS

PRES.

Attachment  
Doc. No 1000000676  
125599

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V. P.

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