


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90050 003 \*\*\*\*61.25

**DOCUMENT # N01000000676**

1. Entity Name  
**SOUTHWEST FLORIDA HOLOCAUST MUSEUM INC.**



Principal Place of Business  
**1250 TAMiami TRAIL NORTH, #202  
NAPLES FL 34108**

Mailing Address  
**4760 TAMiami TRAIL NO.  
STE 7  
NAPLES FL 34103**

2. Principal Place of Business  
**4760 TAMiami TRN**

3. Mailing Address

Suite, Apt. #, etc.  
**STE 7**

Suite, Apt. #, etc.

City & State  
**NAPLES FL**

City & State

Zip  
**34103**

Country  
**USA**

4. FEI Number **59-3740883**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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 \_\_\_\_\_

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	GODFREY, LEVY	
STREET ADDRESS	1919 4TH ST SO.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHERMAN, CYNTHIA	
STREET ADDRESS	3231 BAY COLONY DR #1503	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BIALCK, JOSHUA	
STREET ADDRESS	5801 PELICAN BAY BLVD #300	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAURAY, CHARLES	
STREET ADDRESS	PO 97	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNHAM, JOAN	
STREET ADDRESS	25750 HICKORY BLVD., #562E	
CITY-ST-ZIP	NAPLES FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDMAN, MICHAEL	
STREET ADDRESS	3003 TAMiami TRAIL NORTH, #360	
CITY-ST-ZIP	NAPLES FL 34103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
CITY-ST-ZIP	
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	
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: **SIGNATURE REQUIRED**

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CR2E037 (10/02)