

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91193 002 ****61.25

DOCUMENT # N02000005381

1. Entity Name
UNITED JEWISH COMMUNITIES-KEY WEST, INC.



Principal Place of Business
**927 SEMINARY STREET
KEY WEST FL 33040**

Mailing Address
**927 SEMINARY STREET
KEY WEST FL 33040**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 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

**GARMAN, GUY
4747 HOLLYWOOD BLVD #274
HOLLYWOOD FL 33021**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKE, LOUI G DR.	
STREET ADDRESS	927 SEMINARY STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREINCES, THOMAS	
STREET ADDRESS	181 KEY HAVEN ROAD	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHLER, THOMAS	
STREET ADDRESS	1415 ALBERTA STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROUMM, DAVID	
STREET ADDRESS	1626 SIRUGO AVENUE	
CITY-ST-ZIP	KEY WEST FL 33045	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT-MARGIL, KAREN	
STREET ADDRESS	P.O. BOX 5885	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, CREIGHTON	
STREET ADDRESS	129 DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL 33040	

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREINCES, JOHN DR.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33040	
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: David J. Kreinces TREASURER APRIL 15, 2003 305-294-9501

CR2E037 (10/02)