

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90263 036 \*\*\*\*61.25

**DOCUMENT # N21104**

1. Entity Name

**YOUNG ISRAEL OF TAMPA, INC.**

Principal Place of Business

3721 TACON  
 TAMPA FL 33629  
 US

Mailing Address

5113 MEMORIAL HWY.  
 2A  
 TAMPA FL 33634  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2817195**

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

**RICHMAN, MICHAEL B**  
**5113 MEMORIAL HWY**  
**TAMPA FL 33634**

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.

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**

**After September 13, 2001 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 **PD** ☐ Delete  
 NAME **RIVKIN, ELIEZER**  
 STREET ADDRESS **5205 131 AVE.**  
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE **D** ☐ Delete  
 NAME **BIOLAWSKI, DONALD**  
 STREET ADDRESS **5936 KNIGHTS AVENUE**  
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **DT** ☐ Delete  
 NAME **KLEIN, SHIMON**  
 STREET ADDRESS **601 SOUNDVIEW DR**  
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D** ☐ Delete  
 NAME **RICHMAN, MICHAEL B**  
 STREET ADDRESS **5113 MEMORIAL HIGHWAY**  
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **D** ☐ Delete  
 NAME **COUSIN, ALLAN J**  
 STREET ADDRESS **4111 HIGHLAND PARK CIRCLE**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addit  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addit  
 NAME **SECRETARY**  
 STREET ADDRESS **Richman Michael B**  
 CITY-ST-ZIP **5113 MEMORIAL HIGHWAY**  
**Tampa, FL. 33634**

TITLE ☐ Change ☐ Addit  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Eliezer Rivkin* **ELIEZER RIVKIN** **July 30, 2001** **813-832-3018**