

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90085 029 \*\*\*\*61.25

**DOCUMENT # N32543**

1. Entity Name

**FLORIDA HOLOCAUST MUSEUM, INC.**

Principal Place of Business

55 5TH STREET SOUTH  
 SAINT PETERSBURG FL 33701

Mailing Address

55 5TH STREET SOUTH  
 SAINT PETERSBURG FL 33701

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

**59-2981494**

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

**SNYDER, D JAY**  
**6529 CENTRAL AVENUE**  
**SAINT PETERSBURG FL 33710**

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**

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 **DC** ☐ Delete  
 NAME **LOEBENBERG, WALTER**  
 STREET ADDRESS **6529 CENTRAL AVE**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **C** ☐ Delete  
 NAME **EPSTEIN, AMY**  
 STREET ADDRESS **55 5TH STREET SOUTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **PT** ☐ Delete  
 NAME **MARTIN, PAUL**  
 STREET ADDRESS **55 5TH STREET NORTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **P** ☐ Delete  
 NAME **LOFTUS, JOHN**  
 STREET ADDRESS **55 5TH STREET NORTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **T** ☐ Delete  
 NAME **SIMON, GEOFFREY**  
 STREET ADDRESS **55 5TH STREET NORTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **S** ☒ Delete  
 NAME **LIPMAN, RENEE**  
 STREET ADDRESS **55 5TH STREET NORTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **55 5th Street South**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **55 5th Street South**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **55 5th Street South**  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Lisa Schick**  
 STREET ADDRESS **55 5th Street South**  
 CITY-ST-ZIP **St. Petersburg, FL 33701**

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

727-820-0100

CR2E037 (9/01)