

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

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

0015257

**DOCUMENT # N94000002036**

1. Entity Name

**SYNAGOGUE COUNCIL OF SARASOTA-MANATEE, INC.**



09-12-2003 90102 021 \*\*\*\*61.25

Principal Place of Business

**567 BAY ISLES ROAD  
LONGBOAT KEY FL 34228**

Mailing Address

**567 BAY ISLES ROAD  
LONGBOAT KEY FL 34228**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 8252  
Longboat Key, FL 34228**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0485543**

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

7. Name and Address of New Registered Agent

**LENK, ELLEN  
4001 OAKLEY GREENE  
SARASOTA FL 34235**

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  
After September 10, 2003, min will be \$236.25**

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          | VPD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | FLORSHEIM, GILBERT           |                                            |
| STREET ADDRESS | 44 GREENFIELD AVENUE         |                                            |
| CITY-ST-ZIP    | SARASOTA FL 34231            |                                            |
| TITLE          | PD                           | <input type="checkbox"/> Delete            |
| NAME           | ROSENTHAL, JEROME            |                                            |
| STREET ADDRESS | 548 SPINNAKER LANE           |                                            |
| CITY-ST-ZIP    | LONGBOAT KEY FL 34228        |                                            |
| TITLE          | D                            | <input type="checkbox"/> Delete            |
| NAME           | LENK, ELLEN                  |                                            |
| STREET ADDRESS | 4001 OAKLEY GREENE           |                                            |
| CITY-ST-ZIP    | SARASOTA FL                  |                                            |
| TITLE          | TD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | BAUM, GORDON M               |                                            |
| STREET ADDRESS | 7135 46TH AVENUE CIRCLE EAST |                                            |
| CITY-ST-ZIP    | BRADENTON FL 34203           |                                            |
| TITLE          | D                            | <input type="checkbox"/> Delete            |
| NAME           | COHEN, LEONARD G             |                                            |
| STREET ADDRESS | 2450 HARBOURSIDE DRIVE, #213 |                                            |
| CITY-ST-ZIP    | LONGBOAT KEY FL 34228        |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |

|                |                      |                                                                              |
|----------------|----------------------|------------------------------------------------------------------------------|
| TITLE          | VPD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Spitalny, Paula      |                                                                              |
| STREET ADDRESS | 1682 Pin tail Way    |                                                                              |
| CITY-ST-ZIP    | Sarasota, FL 34231   |                                                                              |
| 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          | TD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ellis, Jonas         |                                                                              |
| STREET ADDRESS | 3015' Southern PKwy. |                                                                              |
| CITY-ST-ZIP    | Bradenton, FL 34205  |                                                                              |
| 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**

Sep 9, 2003

941-377-7667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)