

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006089

1. Entity Name

WESTON SECTION, NATIONAL COUNCIL OF JEWISH WOMEN

Principal Place of Business

2461 GREENBRIER COURT
WESTON FL 33327

Mailing Address

2461 GREENBRIER COURT
WESTON FL 33327-1440

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0642694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANN, JODI
2461 GREENBRIER COURT
WESTON FL 33327

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 ☐ Delete
NAME TD
STREET ADDRESS MANN, JODI
CITY-ST-ZIP 2461 GREENBRIER COURT
WESTON FL 33327

TITLE ☐ Delete
NAME PD
STREET ADDRESS SUSMAN, SUE
CITY-ST-ZIP 3773 OAK RIDGE LANE
WESTON FL 33326

TITLE ☐ Delete
NAME FSD
STREET ADDRESS LOWELL, OLIVIA
CITY-ST-ZIP 525 CAMBRIDGE DR.
WESTON FL 33326

TITLE ☐ Delete
NAME D GILLMAN
STREET ADDRESS GILLMAN, JACKIE
CITY-ST-ZIP 2395 PHEASANT LANE
WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: JODI MANN 1-5-00 954-349-6826

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90017 046 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)