

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91126 024 ****61.25

DOCUMENT # N95000005122

1. Entity Name
INTERNATIONAL HOLOCAUST EDUCATIONAL CENTER, INC.

Principal Place of Business C/O DJ SNYDER 401 E JACKSON ST TAMPA FL 33602	Mailing Address 6529 CENTRAL AVENUE SAINT PETERSBURG FL 33710
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00040344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o D. Jay Snyder Suite, Apt. #, etc. 6529 Central Avenue City & State St. Petersburg, FL Zip 33710 Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-3353143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SNYDER, D J
100 2ND AVE S
4TH FLOOR NORTH TOWER
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent
 Name
D. Jay Snyder
 Street Address (P.O. Box Number is Not Acceptable)
6529 Central Avenue
 City
St. Petersburg, FL Zip Code
33710

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 **D. Jay Snyder** **04/25/01**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DAVID, LOEBENBERG <input type="checkbox"/> Delete 6529 CENTRAL AVENUE ST. PETERSBURG FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WERLY, AL <input type="checkbox"/> Delete 6529 CENTRAL AVENUE ST. PETERSBURG FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MIZRAHI, RALPH <input type="checkbox"/> Delete 6529 CENTRAL AVENUE ST. PETERSBURG FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LOEBENBERG, WALTER P 6529 CENTRAL AVENUE ST. PETERSBURG FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Loebenberg, David
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Snyder, D. Jay 6529 Central Avenue St. Petersburg, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jay Snyder,** **04/25/01** **727-347-8900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director Date Daytime Phone #

CR2E037 (10/00)