

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90009 023 ****61.25

DOCUMENT # N96000003632

1. Entity Name

CONGREGATION FOR HUMANISTIC JUDAISM, INC.

Principal Place of Business

Mailing Address

7324 GOLF POINTE CIRCLE
 SARASOTA FL 34243

7324 GOLF POINTE CIRCLE
 SARASOTA FL 34243-3609

80015628



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0674358

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANDELMAN, ETTIE
7324 GOLF POINTE CIRCLE
SARASOTA FL 34243

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS HANDELMAN, ETTIE
 CITY-ST-ZIP 7324 GOLF POINTE CIRCLE
 SARASOTA FL 34243

TITLE ☐ Change ☒ Addition
 NAME Treasurer
 STREET ADDRESS IRLAN, KATZ
 CITY-ST-ZIP 3406 WINDING OAKS DR
 LONGBOAT KEY FL 34288

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS FOX, JOAN
 CITY-ST-ZIP 1309 LANDINGS DRIVE
 SARASOTA FL

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

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS PELLETZ, BETTY
 CITY-ST-ZIP 1448 GULF OF MEXICO DR
 LONGBOAT KEY FL

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS PELLETZ, STANLEY
 CITY-ST-ZIP 1445 GULF OF MEXICO DR
 LONGBOAT KEY FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE REQUIRED

1/3/00

941 383-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #