

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90169 028 \*\*\*\*61.25

**DOCUMENT # N99000002585**

1. Entity Name

**ERUV OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

4215 SOUTHPOINT BLVD.  
 SUITE 100  
 JACKSONVILLE FL 32218

4215 SOUTHPOINT BLVD.  
 SUITE 100  
 JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

P.O. Box 551260  
 Suite, Apt. #, etc.

P.O. Box 551260  
 Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32255

32255

4. FEI Number

59-3580158

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

7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N  
 4215 SOUTHPOINT BLVD.  
 SUITE 100  
 JACKSONVILLE FL 32218

Name: Michael N. Schneider  
 Street Address (P.O. Box Number is Not Acceptable): 5150 Belfort Road  
 Building 100  
 City: Jacksonville FL Zip Code: 32256

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 *[Handwritten 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D/P	Brinn, David	10446 Scott Mill Road	Jacksonville, FL 32257	<input type="checkbox"/>
D	Jaffa, James B.	8282 Western Way, #1209	Jacksonville, FL 32256	<input type="checkbox"/>
D/V	Tennenberg, Alan	10140 Arrowhead Dr. E. #2	Jacksonville, FL 32257	<input type="checkbox"/>
S	Demri, Moti	3443 Chrysler Drive	Jacksonville, FL 32257	<input type="checkbox"/>
T	Tennenberg, Cheuda	10140 Arrowhead Dr. E. #2	Jacksonville, FL 32257	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE: *[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-880-9252

CR2E037 (9/99)