

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91267 007 ****61.25

DOCUMENT # N99000002585

1. Entity Name

ERUV OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 551260
 JACKSONVILLE FL 32255

P.O. BOX 551260
 JACKSONVILLE FL 32255

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
5150 BELFORT ROAD
BLDG 100
JACKSONVILLE FL 32256

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	DPT	<input type="checkbox"/> Delete
NAME	BRINN, DAVID	
STREET ADDRESS	10446 SCOTT MILL ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAFFA, JAMES B	
STREET ADDRESS	8282 WESTERN WAY #1209	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	TENNENBERG, ALAN	
STREET ADDRESS	10140 ARROW HEAD DR E #2	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOTI, DEMRI	
STREET ADDRESS	3443 CHRYSTER DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TENNENBERG, CHEUDA	
STREET ADDRESS	10140 ARROWHEAD DR E #2	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINN, Beverly	
STREET ADDRESS	10446 Scott Mill Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
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		<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-262-9122

CR2E037 (9/01)