

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724827

1. Entity Name

JEWISH COMMUNITY CENTER OF WEST PASCO, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90090 020 ****61.25

Principal Place of Business

Mailing Address

9841 SCENIC DRIVE
PORT RICHEY FL 34668-3637

9841 SCENIC DRIVE
PORT RICHEY FL 34668-3655

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

23-7366308

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

SPIGELMAN, ADELLE
9841 SCENIC DR
PORT RICHEY FL 34668

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	PD	<input type="checkbox"/> Delete
NAME	SPIEGELMAN, ADELLE	
STREET ADDRESS	5611 FLORA AVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANDSBERG, BARNEY	
STREET ADDRESS	7710 VENICE DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMS, MARIE	
STREET ADDRESS	12708 BUCKHORN DR.	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: MARIE ABRAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-00 727 847-3814

CR2E037 (9/99)