

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90066 030 ****61.25

DOCUMENT # N32543

1. Entity Name

FLORIDA HOLOCAUST MUSEUM, INC.

Principal Place of Business

Mailing Address

6529 CENTRAL AVENUE
 ST. PETERSBURG FL 33710

6529 CENTRAL AVENUE
 ST. PETERSBURG FL 33710-8412

2. Principal Place of Business

55 5th Street South

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

Same

4. FEI Number

59-2981494

Applied For

Not Applicable

Zip

33701

Country

USA

Zip

Same

Country

Same

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SNYDER, D JAY
100 SECOND AVENUE SOUTH
SUITE 400
ST. PETERSBURG FL 33701

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

4-18-00

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	DC LOEBENBERG, WALTER 6529 CENTRAL AVE ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPSTEIN, AMY 5001 113TH ST MADEIRA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, PAUL 6529 CENTRAL AVE ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERKINS, MARC 113 ST MADEIRA BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RIBA, S. DAVID 113 ST MADEIRA BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EISENSTADT, DEBORAH 113 ST MADEIRA BCH FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C 55 5th Street South St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE 55 5th Street South St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Loftus 55 5th Street South St. Petersburg, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Geoffrey Simon 55 5th Street South St. Petersburg, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Renee Lipman 55 5th Street South St. Petersburg, FL 33701	<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:

Samuel D. Wassner

4/17/00 727-820-0100 X22

CR2E037 (9/99)