

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90103 046 ****61.25

DOCUMENT # 704147

1. Entity Name

THE JEWISH FEDERATION OF GREATER ORLANDO, INC. ✓

Principal Place of Business

Mailing Address

851 N. MAITLAND AVE.
 P.O. BOX 941508
 MAITLAND FL 32794-1508
 US

851 N. MAITLAND AVE.
 P.O. BOX 941508
 MAITLAND FL 32794-1508
 US

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

59-0946923

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

GEBOFF, ERIC S.
897 AVIARY BAY CIRCLE
LONGWOOD FL 32750

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

T Delete
 TITLE NAME **UDELL, BRUCE**
 STREET ADDRESS **455 LONGMEADOW LN.**
 CITY-ST-ZIP **LONGWOOD FL 32779**

T Change Addition
 TITLE NAME **KATZEN, HARRY**
 STREET ADDRESS **121 STONEHILL DRIVE**
 CITY-ST-ZIP **MAITLAND, FL 32751**

VP Delete
 TITLE NAME **BORNSTEIN, DAVID**
 STREET ADDRESS **609 AVALON BLVD.**
 CITY-ST-ZIP **ORLANDO FL**

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

VD Delete
 TITLE NAME **KLAIMAN, ALLAN DR.**
 STREET ADDRESS **160 VISTA OAK DR.**
 CITY-ST-ZIP **LONGWOOD FL 32779**

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

P Delete
 TITLE NAME **GRODIN, JAMES**
 STREET ADDRESS **207 SMOKERISE BLVD**
 CITY-ST-ZIP **LONGWOOD FL 32779**

VO Change Addition
 TITLE NAME **FUCHS, ROSALIND**
 STREET ADDRESS **956 STONEWOOD LANE**
 CITY-ST-ZIP **MAITLAND, FL 32751**

VP Delete
 TITLE NAME **ABRAMSON, MARK**
 STREET ADDRESS **121 SHELL POINT WEST**
 CITY-ST-ZIP **MAITLAND FL**

VO Change Addition
 TITLE NAME **CRASNOW, NEAL**
 STREET ADDRESS **132 STONEHILL DRIVE**
 CITY-ST-ZIP **MAITLAND, FL 32751**

D Delete
 TITLE NAME **GEBOFF, ERIC S.**
 STREET ADDRESS **897 AVIARY BAY CIRCLE**
 CITY-ST-ZIP **LONGWOOD FL**

Change Addition
 TITLE 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/00

407-645-5933

Date

Daytime Phone #

017 (MXX)