

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90201 006 ****61.25

0081922

DOCUMENT # 769404

1. Entity Name

KISSIMMEE JEWISH COMMUNITY, INC.

Principal Place of Business

CONGREGATION SHALOM ALEICHEM
P O BOX 424211
KISSIMMEE FL 34742-4211
US

Mailing Address

CONGREGATION SHALOM ALEICHEM
P O BOX 424211
KISSIMMEE FL 34742-4211
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

59-2418727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOWENSTEIN, CAROL S.
2319 KELLIE ANN COURT
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **WOLFE, PAT**
STREET ADDRESS **1068 SALSONA AVE.**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **TD** ☐ Delete
NAME **LOWENSTEIN, CAROL S**
STREET ADDRESS **2319 KELLIE ANN COURT**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **PD** ☐ Delete
NAME **SEITZ, ED**
STREET ADDRESS **651 MC KINLEY COURT**
CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE **P** ☐ Delete
NAME **SIEGEL, HERBERT**
STREET ADDRESS **1800 KING JAMES RD**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME **2042 BRAXTON ST**
STREET ADDRESS **CLERMONT, FL 34711-5701**
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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:

Carol S. Lowenstein Rep CSA 5/1/01 407 846-6302

CR2E037 (10/00)