

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730118

1. Entity Name

GULF COAST JEWISH FAMILY SERVICES, INC.

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90044 050 \*\*\*\*70.00

Principal Place of Business

14041 ICOT BOULEVARD  
 CLEARWATER FL 33760  
 US

Mailing Address

14041 ICOT BOULEVARD  
 CLEARWATER FL 33760  
 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 **59-1229354**

Applied For

Not Applicable

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

BERNSTEIN, MICHAEL  
 14041 ICOT BOULEVARD  
 CLEARWATER FL 33760

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 **D** ☐ Delete  
 NAME **BERNSTEIN, DAVID**  
 STREET ADDRESS **2424 ENTERPRISE RD**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **CD - TITLE CHANGE ONLY** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CD** ☐ Delete  
 NAME **MENSH, MYRON**  
 STREET ADDRESS **111 2ND AVE NE**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D - TITLE CHANGE ONLY** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVC** ☒ Delete  
 NAME **GELBART, JUNE**  
 STREET ADDRESS **14041 ICOT BLVD**  
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **DVC** ☐ Change ☒ Addition  
 NAME **SCHUTZ, GLADYS**  
 STREET ADDRESS **1847 SHORE DR. S. #301**  
 CITY-ST-ZIP **S. PASADENA, FL 33707**

TITLE **SD** ☐ Delete  
 NAME **BERNSTEIN, BARBARA**  
 STREET ADDRESS **2961 WEST BAY DRIVE**  
 CITY-ST-ZIP **BELLAIR BLUFFS FL**

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

TITLE **TD** ☐ Delete  
 NAME **KLEIN, GARY**  
 STREET ADDRESS **1575 CURLE W RD**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE **PCEO** ☐ Delete  
 NAME **BERNSTEIN, MICHAEL**  
 STREET ADDRESS **14041 ICOT BOULEVARD**  
 CITY-ST-ZIP **CLEARWATER FL**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL BERNSTEIN (727)**  
**4/15/02**  
**538-7460**

Date

Daytime Phone #

CR2E037 (9/01)