

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-14-2002 90064 008 ****61.25

DOCUMENT # 749588

1. Entity Name

**SARASOTA-MANATEE SECTION NATIONAL COUNCIL OF JEW
ISH WOMEN, INC.**

Principal Place of Business

Mailing Address

1800 2ND ST., SUITE 870
SARASOTA FL 34236

1800 2ND ST., SUITE 870
SARASOTA FL 34236

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

59-1940872

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

**WEISNER, IRA S
1800 2ND ST., SUITE 870
SARASOTA FL 34236**

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 **SMOKLER, BERNICE**
STREET ADDRESS **5080 TIMBER CHASE WAY**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Judy Abrams**
STREET ADDRESS **3421 Virginia Crossing**
CITY-ST-ZIP **University Park, FL 34201**

TITLE **VP** ☒ Delete
NAME **ANDERSON, CYNTHIA**
STREET ADDRESS **3336 PRAIRE DUNES DRIVE**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **VP** ☐ Change ☒ Addition
NAME **Marion Goldsmith**
STREET ADDRESS **4683 Chandlers Forde**
CITY-ST-ZIP **Sarasota, FL 34235**

TITLE **P** ☐ Delete
NAME **FISHMAN, LAURICE**
STREET ADDRESS **7131 SOUTHGATE CT**
CITY-ST-ZIP **SARASOTA FL 34243**

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

TITLE **D** ☐ Delete
NAME **GUTMAKER, RUTH**
STREET ADDRESS **4510 DEL SOL BLVD**
CITY-ST-ZIP **SARASOTA FL 34243**

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

TITLE **D** ☒ Delete
NAME **DAVIS, GLORIA**
STREET ADDRESS **1427 SEAFARER DRIVE**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE **VP D** ☐ Change ☒ Addition
NAME **Ursula Wertheim**
STREET ADDRESS **3060 Boca Pointe Dr.**
CITY-ST-ZIP **Sarasota, FL 34238**

TITLE **D** ☐ Delete
NAME **POLLACK, CHERIE**
STREET ADDRESS **5201 88 STREET E.**
CITY-ST-ZIP **BRADENTON FL 34202**

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:

Cherie Pollack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERIE POLLACK 4/24/02 941-756-1281

Date

Daytime Phone #

CR2E037 (9/01)