5/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State
05-16-2001 90201 047 ****61.25

DOCUMENT # 702083

1. Entity Name

DAYTONA HEBREW ASSOCIATION

Principal Place of Business	Mailing Address
1400 S. PENINSULA DRIVE DAYTONA BEACH FL 32118	1400 S. PENINSULA DRIVE DAYTONA BEACH FL 32118

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-0836550 ☐ 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
BARKIN, MARSHALL H 149-P S. RIDGEWOOD AVE STE 710 DAYTONA BEACH FL 32114	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ARCHLER, LARRY 320 OCEAN DUNES RD DAYTONA BCH FL 32118	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEROME DOLINER, PRES. 2920 N. Peninsula Dr. DAYTONA BEACH, FL 32118
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED KALLMAN, MARK 941 SADLEBURY CT PT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SYLVIA HONIGMAN, PRES elect 1575 OCEAN Shore Blvd. #207 ORMOND Beach, FL 32176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORSE, HARVEY 42 MARIE DRIVE PONCE INLET FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANN ROSENBAUM, V.P. 395 S. Atlantic Ave # 401 Ormond Beach, FL 32176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D KAHN, SYLVIA 124 LONGSPUR DAYTONA BCH FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DR. THOMAS EISENBERG SECY 2700 N. PENINSULA Dr # 242 NEW SMYRNA BEACH FL 32169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ELKIN, ROBERT 29 FOREST VIEW WAY ORMOND BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr. Eisenberg Osteopathic Halifax Urgent Care 1688 W. Granada Blvd Ormond Beach FL 32174
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E031 (10/00)

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 Kahn SYLVIA KAHN Treasurer 5/16 (386)252-3997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #