

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702276

1. Entity Name

JEWISH COMMUNITY CENTER OF PINELLAS COUNTY, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90135 019 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1212 66TH STREET NORTH
 ST PETERSBURG FL 33710-6226
 US

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 ST PETERSBURG FL 33710-6226
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1575476

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KANNER, MENI
 5010 PARK BLVD.
 PENELLAS PARK FL 34665

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 Delete
 NAME VD
 LISS, MADELYN
 STREET ADDRESS 10835 INDIAN HILLS CT., #24
 CITY-ST-ZIP LARGO FL 33777

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

TITLE Delete
 NAME TD
 FRANKEL, RON
 STREET ADDRESS 7217 17TH COURT NE
 CITY-ST-ZIP ST.PETERSBURG FL 33702

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME PD
 GOFF, HERBERT
 STREET ADDRESS 6216 FAIRWAY BAY BLVD SOUTH
 CITY-ST-ZIP GULFPORT FL 33707

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SD
 SEDER, JOYCE
 STREET ADDRESS 7925 BAYOU CLUB BLVD
 CITY-ST-ZIP SEMINOLE FL 32772

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: *Signature Required*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

Daytime Phone #

CR 1 017 (00/01)