

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702276

1. Entity Name

JEWISH COMMUNITY CENTER OF PINELLAS COUNTY, INC.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90034 010 ****61.25

Principal Place of Business

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

Mailing Address

1212 66TH ST NORTH
ST PETERSBURG FL 33710-6226
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

59-1575476

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

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

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

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

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

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Madeleine Liss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Madeleine Liss

(727) 344-1463

Date

Daytime Phone #

CR2E037 (10/00)