

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90124 017 \*\*\*150.00

**DOCUMENT # 702276**

1. Entity Name

**JEWISH COMMUNITY CENTER OF PINELLAS COUNTY, INC.**

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

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

~~WANNER, MENI~~  
~~7010 PARK BLVD.~~  
~~PINELLAS PARK FL 34665~~  
**PINELLAS**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **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 **SD**  Delete  
 NAME **SEDER, JOYCE**  
 STREET ADDRESS **7925 RAYOU 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 **PD**  Change  Addition  
 NAME **Lieberman, Harriett**  
 STREET ADDRESS **2775 Kipp's Colony Drive, #107**  
 CITY-ST-ZIP **Gulfport, FL 33707**

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 an other like empowered.

SIGNATURE:

*Harriett Lieberman*  
**Harriett Lieberman**

**(727) 343-6488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)