8/8/01-90002-02

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State
08-08-2001 90002 029 ****61.25

DOCUMENT # 704147

1. Entity Name

THE JEWISH FEDERATION OF GREATER ORLANDO, INC.

Principal Place of Business	Mailing Address
851 N. MAITLAND AVE. P.O. BOX 941508 MAITLAND FL 32794-1508 US	851 N. MAITLAND AVE. P.O. BOX 941508 MAITLAND FL 32794-1508 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
Zip / Country	Zip / Country

4. FEI Number 59-0946923 ☐ 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
GEBOFF, ERIC S. 897 AVIARY BAY CIRCLE LONGWOOD FL 32750	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

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	T KATZEN, HARRY 121 STONEHILL DR MAITLAND FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STEVEN KANE 522 WINDING CREEK PLACE LONGWOOD, FL 32779	☐ Change ☒ Addition
TITLE ✓ / NAME / STREET ADDRESS / CITY-ST-ZIP	P BORNSTEIN, DAVID 609 AVALON BLVD. ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1107 SHADY RUN LANE MAITLAND, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KLAIMAN, ALLAN DR. 160 VISTA OAK DR. LONGWOOD FL 32779	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	≠	☒ Change ☐ Addition
TITLE ✓ / NAME / STREET ADDRESS / CITY-ST-ZIP	V FUCHS, ROSALIND 956 STONEWOOD LANE MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE ✓ / NAME / STREET ADDRESS / CITY-ST-ZIP	V CRASNON, NEAL 132 STONEHILL DR MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME ✓ / STREET ADDRESS / CITY-ST-ZIP	D GEBOFF, ERIC S. 897 AVIARY BAY CIRCLE LONGWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: X SIGNATURE REQUIRED 7/31/01 407-645-5933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/30/2001