

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
03-26-2001 90165 013 \*\*\*\*61.25

**DOCUMENT # 707319**

1. Entity Name

**JEWISH FEDERATION OF PINELLAS COUNTY, INC.**

Principal Place of Business

Mailing Address

**13191 STARKEY RD  
STE #8  
LARGO FL 33773  
US**

**13191 STARKEY RD  
SUITE NO. 8  
LARGO FL 33773  
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

**59-0697685**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREIDMAN, BONNIE  
13191 STARKEY ROAD  
SUITE 8  
LARGO FL 33773**

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 **ABELSON, DAVID**  
STREET ADDRESS **4944 KILKENNY WAY**  
CITY-ST-ZIP **OLDSMR FL**

TITLE **PD** ☐ Change ☒ Addition  
NAME **DINER, RONALD**  
STREET ADDRESS **7890 LANTANA CREEK ROAD**  
CITY-ST-ZIP **LARGO, FL 33777**

TITLE **TD** ☒ Delete  
NAME **AUGENBRAUN, BARRY**  
STREET ADDRESS **1620D ROYAL PALM DR**  
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE **TD** ☐ Change ☒ Addition  
NAME **WARREN, STEVEN**  
STREET ADDRESS **1295 81ST ST S**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE **SD** ☒ Delete  
NAME **RESNICK, BETH**  
STREET ADDRESS **7686 CUMBERLAND RD.**  
CITY-ST-ZIP **LARGO FL 33777**

TITLE **SD** ☐ Change ☒ Addition  
NAME **SOLC, HELENE**  
STREET ADDRESS **1515 SILVER MOON LN**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **ED** ☐ Delete  
NAME **FRIEDMAN, BONNIE**  
STREET ADDRESS **4785 HAMPTON COURT**  
CITY-ST-ZIP **OLDSMAR FL 34677**

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:

*Bonnie Friedman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/22/00** **727-530-3223**

CR2E037 (10/00)