

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707319

1. Entity Name

JEWISH FEDERATION OF PINELLAS COUNTY, INC.

Principal Place of Business

13191 STARKEY RD  
STE #8  
LARGO FL 33773  
US

Mailing Address

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

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  
NAME DINER, RONALD  
STREET ADDRESS 7890 LANTANA CREEK ROAD  
CITY-ST-ZIP LARGO FL 33777 ☐ Delete

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

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

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

TITLE TD  
NAME WARREN, STEVEN  
STREET ADDRESS 1295 81ST ST S  
CITY-ST-ZIP SAINT PETERSBURG FL 33707 ☐ Delete

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

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

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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

01/10/02

Date

727-530-3223

Daytime Phone #

FILED  
Jan 24, 2002 8:00 am  
Secretary of State

01-24-2002 90211 039 \*\*\*\*61.25

80009712



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0697685

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

CR2E037 (9/01)