

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713211

1. Entity Name

JACKSONVILLE SECTION, NATIONAL COUNCIL OF JEWISH

Principal Place of Business

5093 BRADFORD RD
JACKSONVILLE FL 32217
US

Mailing Address

5093 BRADFORD RD
JACKSONVILLE FL 32217-4809
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

59-6192642

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

RUBENS, ELLEN
5093 BRADFORD RD
JACKSONVILLE FL 32217

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 DP ☐ Delete
NAME RUBENS, ELLEN
STREET ADDRESS 5093 BRADFORD RD
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE VP ☒ Change ☐ Addition
NAME SUSAN EDELMAN
STREET ADDRESS 8065 SAN SERVERA DR. W.
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE VP ☒ Delete
NAME SHAPIRO-MOSER, JULI
STREET ADDRESS 7901 BAYMEADOWS CIR E, #349
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE VP ☐ Delete
NAME BRINN, BEVERLY
STREET ADDRESS 10446 SCOTT MILL RD
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE D ☐ Delete
NAME MEISEL, JANICE
STREET ADDRESS 11512 DANDELION WAY
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE D ☐ Delete
NAME EINSTEIN, GLORIA
STREET ADDRESS 2937 BRAEMAR DR.
CITY-ST-ZIP JACKSONVILLE FL

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:

Signature and Typed or Printed Name of Signing Officer or Director

4/9/00 (904) 260-5450
Date Daytime Phone #

CR2E037 (9/99)