

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90214 023 ****61.25

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
 US

2. Principal Place of Business

2937 BRAEMAR DR

3. Mailing Address

2937 BRAEMAR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE

4. FEI Number

59-6192642

Applied For

Not Applicable

Zip

32257

Country

DUVAL

Zip

32257

Country

DUVAL

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RUBENS, ELLEN
 5093 BRADFORD RD
 JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name GLORIA EINSTEIN

Street Address (P.O. Box Number is Not Acceptable)

2937 BRAEMAR DR.

City JACKSONVILLE

FL

Zip Code

32257

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] President

2/7/01

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

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

TITLE VP ☐ Delete
 NAME EDELMAN, SUSAN
 STREET ADDRESS 8665 SAN SERVERA DR. W.
 CITY-ST-ZIP JACKSONVILLE FL 32217

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition
 NAME DEBBIE BANKS
 STREET ADDRESS 9438 BEAUCLERC OAKS
 CITY-ST-ZIP JACKSONVILLE, FL 32257

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

TITLE ☒ Change ☒ Addition
 NAME ILENE LEVENSON
 STREET ADDRESS 9453 KELLS RD
 CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE ☐ Change ☐ Addition
 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] GLORIA A. EINSTEIN 2/7/01 904/284-8410-3002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)