

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90048 049 *****61.25

DOCUMENT # 713211

1. Entity Name

JACKSONVILLE SECTION, NATIONAL COUNCIL OF JEWISH WOMEN, INC.

Principal Place of Business

Mailing Address

**2937 BRAERMAR DR
 JACKSONVILLE FL 32257
 US**

**2937 BRAERMAR DR
 JACKSONVILLE FL 32257
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6192642

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EINSTEIN, GLORIA
 2937 BRAERMAR DR
 JACKSONVILLE FL 32257**

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 **BANKS, DEBBIE**
 STREET ADDRESS **9438 BEAUCLERC OAKS**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **P** ☒ Change ☐ Addition
 NAME **Einstein, Gloria** *Correction to title*
 STREET ADDRESS **2937 Braemar Drive**
 CITY-ST-ZIP **Jacksonville, Florida 32257**

TITLE **VP** ☐ Delete
 NAME **EDELMAN, SUSAN**
 STREET ADDRESS **8865 SAN SERVERA DR. W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Banks, Debbie** *Correction to title*
 STREET ADDRESS **9438 Beauderc Oaks**
 CITY-ST-ZIP **Jacksonville, Florida 32257**

TITLE **VP** ☐ Delete
 NAME **LEVENSON, ILENE**
 STREET ADDRESS **9453 KELLS RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **T** ☐ Change ☒ Addition
 NAME **Demri, Cynthia**
 STREET ADDRESS **3443 Chrysler Drive**
 CITY-ST-ZIP **Jacksonville, Florida 32257**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **Meisel, Janice** *correct title*
 STREET ADDRESS **11512 Dandelion Way**
 CITY-ST-ZIP **Jacksonville, Florida 32223**

TITLE **D** ☐ Delete
 NAME **EINSTEIN, GLORIA**
 STREET ADDRESS **2937 BRAERMAR 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 an other like empowered.

SIGNATURE:

Gloria A. Einstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 President

1/10/02 904/284-8410 ex 3002
 Date Daytime Phone #

CR2E037 (9/01)