

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90095 041 ****70.00

DOCUMENT # **726408**



1. Entity Name
JEWISH COMMUNITY CENTER OF GREATER ORLANDO, INC.

Principal Place of Business

**851 N. MAITLAND AVENUE
MAITLAND FL 32751**

Mailing Address

**851 N. MAITLAND AVENUE
MAITLAND FL 32751**

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 **23-7448234**

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FRIEDMAN, MARVIN
851 N MAITLAND AVE
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, ROBIN	
STREET ADDRESS	3182 TIMUCUA CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PEISNER, STUART	
STREET ADDRESS	1000 DOUGLAS AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SAFT, STEVE	
STREET ADDRESS	2015 IVANHOE ROAD	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WALSH, HARRIETT	
STREET ADDRESS	401 WHITE OAK CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, MARVIN	
STREET ADDRESS	183 ROSEBRIAR DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stewart Peisner	
STREET ADDRESS	Paramount Financial, Inc.	
CITY-ST-ZIP	1793 Pine Bay Drive Lake Mary, FL 32746	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jodi Krinker	
STREET ADDRESS	1921 Benhurst Place	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Saft	
STREET ADDRESS	Priority Healthcare Corp.	
CITY-ST-ZIP	892 Bridgewater Circle Maitland, FL 32751	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey Weiss	
STREET ADDRESS	Brown, Ward, Salzman & Weiss	
CITY-ST-ZIP	225 E. Robinson Suite 600 Orlando, FL 32802	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marvin Friedman* Executive Dir 3/10/03 (407) 645 5933

CR2E037 (10/02)