

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90003 036 ****61.25

DOCUMENT # 727371

1. Entity Name

JEWISH COMMUNITY CENTER OF LEE COUNTY, INC

Principal Place of Business

702 SE 24 AVENUE
 CAPE CORAL FL 33990

Mailing Address

702 SE 24 AVENUE
 CAPE CORAL FL 33990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7368563

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOX, MORRIS B
4020 DEL PRADO BLVD
CAPE CORAL FL 33904

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
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P SIMON, HERBERT 1832 SE 8TH ST CAPE CORAL FL 33990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LASKOWITZ, DOUGLAS 410 SE 10TH CT CAPE CORAL FL 33990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GITLITZ, PHYLLIS 5235 W JAMESTOWN CIR N FR MYERS FL 33917	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LIEBERMAN, LILAN 2208 SE 27TH ST CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR POST, OWEN 2565 2ND ST MATLACHA FL 33993	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DALEO, MILDRED 5137 YORK CT CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRETSCHNEIDER, MARK 2144 SE 8TH TER CAPE CORAL FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RINGERBERGER, JAMES 30 SE 21ST AVE CAPE CORAL FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, ROBERT 252 SE 28TH TER CAPE CORAL FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERMAN, ANNETTE 3474 LONG IRON CT NORTH FORT MYERS FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHENS, MERLE 402 SE 30TH TER CAPE CORAL FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SIMON, HERBERT 1832 SE 8TH ST CAPE CORAL FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *ANNETTE BERMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ANNETTE BERMAN**

9-1-00

941-772-4555

Date Daytime Phone #

CR2E037 (5/00)

Attachment 727371
D0083614

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CONTINUATION SHEET PAGE 2 OF 2

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2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
City				City			
Zip				Country			
Zip				Country			
				4. FEI Number		Applied For	
				23-7368563		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
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<p>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.</p>							
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
				TR	ROSENMEYER, ALFRED	4512 SW 21ST PL	CAPE CORAL FL 33914
				TR	GORDESKY, MEL	5209 SW 2ND PL	CAPE CORAL, FL 33914
				TR	MELNICK, BERNIE	5817 SW 1ST AVE	CAPE CORAL FL 33914
				TR	NUDEL, MARC	1221 SE 3RD ST	CAPE CORAL FL 33990
				TR	TEITELBAUM, SARA	2526-106 SE 16TH PL	CAPE CORAL, FL 33904
<p>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.</p>							
SIGNATURE: _____							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	

CR2E037 (9/99)