2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 727371** Sep 07, 2000 8:00 am Secretary of State 1. Entity Name JEWISH COMMUNITY CENTER OF LEE COUNTY, INC 09-07-2000 90003 036 ****61.25 Mailing Address Principal Place of Business 702 SE 24 AVENUE 702 SE 24 AVENUE CAPE CORAL FL 33990 CAPE CORAL FL 33990 O O O O O O T A 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-7368563 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Street Address (P.O. Box Number is Not Acceptable) FOX. MORRIS B 4020 DEL PRADO BLVD CAPE CORAL FL 33904 City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. XX Delete XX Addition ☐ Change TITI F TITLE BRETSCHNEIDER, MARK SIMON, HERBERT NAME MARKE 2144 SE 8TH TER STREET ADDRESS STREET ADDRESS 1832 SE 8TH ST CITY-ST-ZIP CITY-ST-ZIE CAPE CORAL FL 33900 CAPE CORAL FL 33990 ☐ Change XX Addition TITLE XX Delete TITLE LASKOWITZ, DOUGLAS RINGERBERGER, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 410 SE 10TH CT 30 SE 21ST AVE - CITY-ST-ZIP_ CITY-ST-ZIP CAPE CORAL FL-33990 CAPE CORAL FL 33990 TITLE XIXI Delete TITLE ☐ Change XX Addition GITLITZ, PHYLLIS NAME LEVY, ROBERT 5235 W JAMESTOWN CIR STREET ADDRESS STREET ADDRESS 252 SE 28TH TER CITY-ST-ZIP CITY-ST-ZIP N FR MYERS FL 33917 CAPE CORAL FL 33904 TITLE XIX Delete TITLE Change XX Addition NAME LIEBERMAN, LIILAN NAME BERMAN, ANNETTE 2208 SE 27TH ST STREET ADDRESS STREET ADDRESS 3474 LONG IRON CT CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 NORTH FORT MYERS FL 33917 XX Delete TITI F Change XX Addition TITLE POST, OWEN NAME NAME STEPHENS, MERLE STREET ADDRESS 2565 2ND ST STREET ADDRESS 402 SE 30TH TER CITY-ST-ZIP CITY-ST-ZIF Matlacha FL 33993 CAPE CORAL FL 33904 **XX** Addition XIX Delete TITLE Change TITLE DALEO, MILDRED SIMON, HERBERT NAME NAME **5137 YORK CT** STREET ADDRESS STREET ADDRESS 1832 SE 8TH ST

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.

CITY-ST-ZIP

SIGNATURE:

CAPE CORAL FL 33904

CITY-ST-78

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A

9-1-00

CAPE CORAL FL 33990

941-772-4555

Daytime Phone #

AHachment

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727371 D0083614

1. Entity Name	MENT # 727371			CONTIN	JUATION:	SHEET	PAGE	2	OF 2
	COMMUNITY CENTE		NTY	, INC.					
Principal Place	of Business .	Mailing Address							
	24TH AVENUE RAL FL 33990	702 SE 24TH AVENUE CAPE CORAL FL 33990							
2. Principal Pla	ace of Business	3. Mailing Address		· -	-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			. "	DO NOT WRITI	E IN THIS SI	PACE	
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number			7-7/	Applied For
<u> </u>					23-7368	563		1	Not Applicab
Zip	Country	Zip	ÇOL	intry	5. Certificate of	Status Desired		8.75 Ac ee Requir	dditional red :
<u>* نم شر</u>	6. Name and Address of Current i	<u>r i</u> Registered Agent	Ť	· · ·	7. Name and Ad	dress of New Ro			
	C Comp dista rood root or routients			Name					
			Street Address	reet Address (P.O. Box Number is Not Acceptable)					
								T = -	
•		•		City			FL	Zip C	ode
SIGNATURE	named entity submits this statement . Signature, typed or printed name of regist				Agent signature requi			Œ	
	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contrib		Adde	00 May Be ed to Fees	Dep	Check P eartment	of Stat	te.
10.	OFFICERS AND D		11.		ADDITIONS/CHA	NGES TO OFFIC	ERS AND D		
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TITLE			STRE	ET ADDRESS - ST - ZIP					