## 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 728255** 

1. Entity Name

## JEWISH FEDERATION OF BREVARD, INC.

Principal Place of Business	Mailing Address	
108-A BARTON AVENUE ROCKLEDGE FL 32955	108-A BARTON AVENUE ROCKLEDGE FL 32955-2824	
2. Principal Place of Business	3. Mailing Address	-A
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

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## FILED May 16, 2000 8:00 am Secretary of State 04-20-2000 90009 025 \*\*\*\*61.25

2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS	SPACE				
City & State		City & State			E4 0444460		lled For Applicable			
Zip	Country	Zip Con			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							
				Name						
BERMAN, LEWIS H.				Street Address (P.O. Box Number is Not Acceptable)						
320 FORTENBERRY ROAD										
MERRITT ISLAND FL 32952							- I			
			Ci	ty		F	Zip Code			
R The above :	named entity submits this statement for t	he purpose of changing its	registered of	fice or registe	ered agent, or bott	h, in the state of Florida.				
SIGNATURE _				\$5.	00 May Be	Make Check Payable to Department of State				
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CH	L ANGES TO OFFICERS AND I	DIRECTORS IN	10		
TITLE	DI :	☐ Delete	TITLE	1	LIBOLATE	ENST PRESIDIENT	2 Change			
NAME STREET ADDRESS CITY-ST-ZIP	SINGER, GARY (D) 162 WINWARD WAY INDIAN HARBOR BEACH FL	L.I Darvie	NAME STREET AD CITY-ST-2	DRESS	21)(00)21(0			Addition 66.66		
TITLE	S	☐ Delete	TITLE				Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	WILSON, LYNDA (P) 107-E-LAILA-DR 120147 ( W MELBOURNE FL 32915	PO BOX) L -0147	NAME STREET AD CITY-ST-1							
TITLE	TD	☐ Delete	TITLE			: -	Change	☐ Addition		
NAME	BARNAVON, HAIM (D).		NAME	l						
STREET ADDRESS	1308 GEM CIRCLE		STREET AC	1						
CITY-ST-ZIP	ROCKLEDGE FL	Delete			O O DCCINO	10-	☐ Channe	T Addition		
TITLE NAME _	KATZIN, LOIS.	L <b>y</b> r Delete	TITLE NAME	TE	PRISTI	EMUTONAN(D)	) Li Grange	[M] Addition		
STREET ADDRESS	880 C'HARA DR.		STREET AL	ODRESS 19	90 W NE	ACHTMAN(D)	#201			
CITY-ST-ZIP	ROCKLEDGE FL		CITY-ST-	ZIP ///	ELBOUR	NE FL 3290				
TITLE	D	Delete	TITLE	/5	YCB O	RESIDENT	☐ Change	Addition		
NAME	SHARON DELIGDISH		NAME	3/	LL KAN	KBSIDANT ANACK (D) LE LN_				
STREET ADDRESS	-815 SANDERING DRIVE		STREET A	DDRESS   4/	7 OK10	LE LN-	n 2			
CITY-ST-ZIP	INDIALANTIC FL-		CITY-ST-	ZIP //V	DIALAN	TIC, FL 3276				
TITLE	DV	Delete	TITLE	10.		OF BRIDENT	Change	Addition		
NAME	KNEAPLER, RICK		, NAME			SHKIN (D)				
STREET ADDRESS	822 BRISBANE ST. NE		STREET A	DORESS 17	2 LAS A	DALMAS	m 7/2-2	İ		
CITY-ST-ZIP	PALM-BAY FL-		CITY-ST-	ZIP M	ERRITT	ISLAND, EL.	<u> </u>			
12. I hereby indicated of the co	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee emporation or the receiver or trustee emporation and address to	this filing does not qualify to true and accurate and that wered to execute this report with all other like emonwered	or the exemp my signature t as required	tion stated in shall have the by Chapter (	Section 119.07(3) ne same legal effe 317, Florida Statut	<ul><li>(i), Florida Statutes. I further ict as if made under oath; that es; and that my name appea</li></ul>	certify that the i it I am an office irs in Block 10 o	nformation or director or Block 11 if		

SIGNATURE: