

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90006 020 ****70.00

DOCUMENT # 730118

1. Entity Name

GULF COAST JEWISH FAMILY SERVICES, INC.

Principal Place of Business

Mailing Address

**14041 ICOT BOULEVARD
 CLEARWATER FL 33760
 US**

**14041 ICOT BOULEVARD
 CLEARWATER FL 33760
 US**

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

59-1229354

Applied For

Not Applicable

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

**BERNSTEIN, MICHAEL
 14041 ICOT BOULEVARD
 CLEARWATER FL 33760**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **BERNSTEIN, DAVID**
 CITY-ST-ZIP **2424 ENTERPRISE RD**
CLEARWATER FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **MENSH, MYRON**
 CITY-ST-ZIP **111 2ND AVE NE**
ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **SOBLE, JAMES**
 CITY-ST-ZIP **2700 LANDMARK CENTRE, 401 E JACKSON ST.**
TAMPA FL

TITLE ☐ Change ☒ Addition
 NAME **DIVL**
 STREET ADDRESS **JUNE GELBART**
 CITY-ST-ZIP **14041 ICOT BLVD**
CLEARWATER, FL 33760

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **BERNSTEIN, BARBARA**
 CITY-ST-ZIP **2961 WEST BAY DRIVE**
BELLAIR BLUFFS FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **SAKOL, RONALD**
 CITY-ST-ZIP **4973 60TH AVE S**
ST PETERSBURG FL

TITLE ☐ Change ☒ Addition
 NAME **TD**
 STREET ADDRESS **GARY KLEIN**
 CITY-ST-ZIP **1575 CURLE W Rd.**
PALM HARBOR FL 34683

TITLE ☐ Delete
 NAME **PCEO**
 STREET ADDRESS **BERNSTEIN, MICHAEL**
 CITY-ST-ZIP **14041 ICOT BOULEVARD**
CLEARWATER FL

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)