

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730118

1. Entity Name

GULF COAST JEWISH FAMILY SERVICES, INC.

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90044 050 ****70.00

Principal Place of Business

14041 ICOT BOULEVARD
CLEARWATER FL 33760
US

Mailing Address

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

TITLE CD - TITLE CHANGE ONLY ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D - TITLE CHANGE ONLY ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVC
NAME GELBART, JUNE ☒ Delete
STREET ADDRESS 14041 ICOT BLVD
CITY-ST-ZIP CLEARWATER FL 33760

TITLE DVC
NAME SCHUTZ, GLADYS ☐ Change ☒ Addition
STREET ADDRESS 1847 SHORE DR. S. #301
CITY-ST-ZIP S. PASADENA, FL 33707

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

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

TITLE TD
NAME KLEIN, GARY ☐ Delete
STREET ADDRESS 1575 CURLE W RD
CITY-ST-ZIP PALM HARBOR FL 34683

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BERNSTEIN (727)
4/15/02 538-7460

Date

Daytime Phone #

CR2E037 (9/01)