

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90051 029 \*\*\*\*61.25

**DOCUMENT # 731773**

1. Entity Name  
**JEWISH CLUB OF KINGS POINT WEST INC.**

Principal Place of Business <b>C/O ARTHUR BLUMENTHAL          906 MCDANIEL ST          SUN CITY CENTER FL 33573          US</b>	Mailing Address <b>C/O ARTHUR BLUMENTHAL          906 MCDANIEL ST          SUN CITY CENTER FL 33573          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>c/o Arthur Blumenthal</b> Suite, Apt. #, etc. <b>906 McDaniel St</b> City & State <b>Sun City Center, Fl</b> Zip <b>33573</b> Country <b>USA</b>	3. Mailing Address <b>c/o Arthur Blumenthal</b> Suite, Apt. #, etc. <b>906 McDaniel St.</b> City & State <b>Sun City Center, Fl.</b> Zip <b>33573</b> Country <b>USA</b>
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BLUMENTHAL, ARTHUR  
 906 MCDANIEL ST  
 SUN CITY CENTER FL 33573**

7. Name and Address of New Registered Agent  
 Name  
**Arthur Blumenthal**  
 Street Address (P.O. Box Number is Not Acceptable)  
**906 McDaniel St.**  
 City  
**Sun City Center, FL** Zip Code  
**33573**

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 **ARTHUR BLUMENTHAL** *Arthur Blumenthal* DATE **3-16-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>BLUMENTHAL, ARTHUR</b> <b>906 MCDANIEL ST</b> <b>SUN CITY CENTER FL 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>SHARF, NATHAN</b> <b>2006 EL RANCHO DR</b> <b>SUN CITY CENTER FL 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>DAIN, LEE</b> <b>2222 NANTUCKET DR</b> <b>SUN CITY CENTER FL 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>LOHN, JULIA</b> <b>2430 NANTUCKET HARBOR LOOP</b> <b>SUN CITY CENTER FL 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FREEMAN, JONAS</b> <b>2232 GRENADIER DR</b> <b>SUN CITY CENTER FL 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BOSE, DAVID</b> <b>2210 DEL WEBB BLVD W</b> <b>SUN CITY CENTER FL 33573</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Arthur Blumenthal</b> <b>906 McDaniel St</b> <b>Sun City Center, Fl. 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Stuart &amp; Monica Schwartz</b> <b>2410 Nantucket Glen Crt</b> <b>Sun City Center, Fl. 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Julia Lohn</b> <b>2430 Nantucket Harbor lp</b> <b>Sun City Center, Fl. 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jonas Freeman</b> <b>2232 Grenadier Dr</b> <b>Sun City Center, Fl. 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> Addition <b>Eve Gilbert</b> <b>1026 McDaniel St</b> <b>Sun City Center, Fl. 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>David Bose</b> <b>2210 Del Webb Blvd W</b> <b>Sun City Center, Fl. 33573</b>

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: **ARTHUR BLUMENTHAL** *Arthur Blumenthal* DATE **3-16-01** DAYTIME PHONE # **(813) 634 4884**

CR2E037 (10/00)