

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734412

1. Entity Name

CENTRAL FLORIDA CHEVRA KADESHA, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90136 031 ****61.25

Principal Place of Business

Mailing Address

1144 WOODLAND TERRACE TRAIL.
ALTAMONTE SPRINGS FL 32714
US

1144 WOODLAND TERRACE TRAIL
ALTAMONTE SPRINGS FL 32714-1805
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SELTZER, ROBERT
1144 WOODLAND TERR. TRL
ALTAMONTE SPRINGS FL 32714

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 PD ☒ Delete
NAME BERMAN, HALLIE
STREET ADDRESS 812 WESTWIND LANE
CITY-ST-ZIP FERN PARK FL 32730

TITLE PD ☒ Change ☐ Addition
NAME ~~PD~~ GUY, ALLAN
STREET ADDRESS 239 FLAME AVE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VPD ☐ Delete
NAME SELTZER, ROBERT
STREET ADDRESS 1144 WOODLAND TERRACE TRAIL
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE SD ☒ Delete
NAME TOM SPISAK
STREET ADDRESS 524 CAPE COOLANE #104
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE SD ☒ Change ☐ Addition
NAME BURpee, Beth
STREET ADDRESS 150 HOLDBERNESS DR.
CITY-ST-ZIP LONGWOOD, FL 32773

TITLE TD ☐ Delete
NAME ROBERT SELTZER
STREET ADDRESS 1144 WOODLAND TERRACE TRAIL
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/17/2000

Date

407-296-8773

Daytime Phone #

CR2E037 (9/99)