2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2002 8:00 AM
Secretary of State

DOCUMENT# 734412

Entity Name: CENTRAL FLORIDA CHEVRA KADESHA, INC.

Current Principal Place of Business:

1144 WOODLAND TERRACE TRAIL.
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

1144 WOODLAND TERRACE TRAIL
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GUY, ALLAN	
Address:	239 FLAME AVE	
City-St-Zip:	MAITLAND, FL 32751	
Title:	VPD	( ) Delete
Name:	SELTZER, ROBERT	
Address:	1144 WOODLAND TERRACE TRAIL	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	SD	( ) Delete
Name:	BURPER, BETH	
Address:	150 HOLDERNESS DR.	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	TD	( ) Delete
Name:	ROBERT SELTZER,	
Address:	1144 WOODLAND TERRACE TRAIL	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SELTZER TD 07/03/2002

Electronic Signature of Signing Officer or Director — Date