

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90076 024 ****61.25

DOCUMENT # 739904

1. Entity Name

JACKSONVILLE JEWISH FEDERATION, INC.



Principal Place of Business

**8505 SAN JOSE BLVD.
JACKSONVILLE FL 32217**

Mailing Address

**8505 SAN JOSE BLVD.
JACKSONVILLE FL 32217**

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 **59-0637864**

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

**MARGOLIES, ALAN
8505 SAN JOSE BLVD.
JACKSONVILLE FL 32217**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	M	<input type="checkbox"/> Delete
NAME	ALAN MARGOLIES	
STREET ADDRESS	8505 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACKERMAN, SCOTT DR	
STREET ADDRESS	4072 ALHAMBRA DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KORN, MICHAEL	
STREET ADDRESS	6620 SOUTHPPOINT DR. S #316	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENRUBI, GUY DR	
STREET ADDRESS	7950 GREEN GLADE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVINE, MITCHELL DR	
STREET ADDRESS	12857 BAY PLANTATION	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOTTLIEB, MELVIN	
STREET ADDRESS	3028 FOREST CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

Alan Margolies 02/28/2003

904-448-5000

CR2E037 (10/02)