

**DOCUMENT # 748124**

1. Entity Name

**THE PINELLAS COUNTY JEWISH DAY SCHOOL, INC.****FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90032 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1775 S HIGHLAND AVE  
CLEARWATER FL 33756  
US1775 S HIGHLAND AVE  
CLEARWATER FL 33756-1847  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1920812**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**BAUCLAY, PAT**  
1775 SO HIGHLAND AVE  
CLEARWATER FL 34616Name **PAULINE ROHRMAN N**

Street Address (P.O. Box Number is Not Acceptable)

**1775 S HIGHLAND AVE**City **CLEARWATER****FL**Zip Code **33756**

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

**1-6-00****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 **SADOWSKY, DAVID**  
STREET ADDRESS **2640 ST ANDREWS DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 34621**TITLE **PD** ☒ Change ☐ Addition  
NAME **SADOWSKY, DAVID**  
STREET ADDRESS **2552 KNOTTY PINE WAY**  
CITY-ST-ZIP **CLEARWATER, FL 33761**TITLE **VPD** ☐ Delete  
NAME **LUDIN, ERIC**  
STREET ADDRESS **10696 BARDES COURT**  
CITY-ST-ZIP **LARGO FL 33777**TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME **LUDIN, ERIC**  
STREET ADDRESS **10696 BARDES COURT**  
CITY-ST-ZIP **LARGO, FL 33777**TITLE **TD** ☒ Delete  
NAME **ALPERSTEIN, LORI**  
STREET ADDRESS **8998 BAYWOOD PARK DR**  
CITY-ST-ZIP **SEMINOLE FL 33777**TITLE **VPD** ☐ Change ☒ Addition  
NAME **STEIN, STEPHANIE**  
STREET ADDRESS **7893 BAYOU CLUB BLVD**  
CITY-ST-ZIP **LARGO FL 33777**TITLE **SD** ☒ Delete  
NAME **LEVINE, JANICE**  
STREET ADDRESS **6940 GREENBRIER DR.**  
CITY-ST-ZIP **SEMINOLE FL 33377**TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **VENER, DAVID DR.**  
STREET ADDRESS **8488 35th AVENUE N.**  
CITY-ST-ZIP **ST PETERSBURG, FL 33710**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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

Date

**1/5/00 (72) 588-0100**

Daytime Phone #