

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748124

1. Entity Name

THE PINELLAS COUNTY JEWISH DAY SCHOOL, INC.

Principal Place of Business

1775 S HIGHLAND AVE  
CLEARWATER FL 33756  
US

Mailing Address

1775 S HIGHLAND AVE  
CLEARWATER FL 33756  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1920812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAUCLAY, PAT  
1775 SO HIGHLAND AVE  
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name PAULINE ROHMANN

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

1775 SOUTH 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 *Pauline Rohmann*  
Signature, typed or printed name of registered agent and title if applicable.

PAULINE ROHMANN DIRECTOR

4/18/01  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SADOWSKY, DAVID 2552 KNOTTY PINE WAY CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUDIN, ERIC 10696 BARDES COURT LARGO FL 33777	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEIN, STEPHANIE 7893 BAYOU CLUB SEMINOLE FL 33777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VENER, DAVID DR 8488 35TH AVENUE SAINT PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HARRIS, RENEE 90 STANTON CIRCLE OLDSMAR, FL 34672	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 (727) 588-0100  
Date Daytime Phone #

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90005 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)