

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-24-2002 90301 016 ***61.25

DOCUMENT # 748124

1. Entity Name

THE PINELLAS COUNTY JEWISH DAY SCHOOL, INC.

Principal Place of Business

Mailing Address

5 S HIGHLAND AVE
 CLEARWATER FL 33756

1775 S HIGHLAND AVE
 CLEARWATER FL 33756
 US

89353

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1920812

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

ROHRMANN, PAULINE
 1775 SO HIGHLAND AVE
 CLEARWATER FL 33756

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
 NAME PD
 STREET ADDRESS SADOWSKY, DAVID T
 CITY-ST-ZIP 2552 KNOTTY PINE WAY
 CLEARWATER FL 33761 ☐ Delete

TITLE
 NAME PAST PRESIDENT
 STREET ADDRESS SADOWSKY-DAVID T
 CITY-ST-ZIP 2552 KNOTTY PINE WAY
 CLEARWATER FL 33761 ☒ Change ☐ Addition

TITLE
 NAME VPD
 STREET ADDRESS STEIN, STEPHANIE T
 CITY-ST-ZIP 7893 BAYOU CLUB
 SEMINOLE FL 33777 ☐ Delete

TITLE
 NAME PRESIDENT
 STREET ADDRESS STEIN, STEPHANIE T
 CITY-ST-ZIP 7893 BAYOU CLUB BLVD
 LARGO FL 33777 ☒ Change ☐ Addition

TITLE
 NAME VENER, DAVID DR T
 STREET ADDRESS 8488 35TH AVENUE
 CITY-ST-ZIP SAINT PETERSBURG FL 33710 ☐ Delete

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

TITLE
 NAME S
 STREET ADDRESS HARRIS, RENEE
 CITY-ST-ZIP 90 STANTON CIRCLE
 OLDSMAR FL 34677 ☒ Delete

TITLE
 NAME S
 STREET ADDRESS SOKOLOV, MARK T
 CITY-ST-ZIP 10745 BARBES COURT
 LARGO FL 33777 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)