

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 19, 2000 8:00 am
Secretary of State

03-06-2000 90042 014 ****61.25

DOCUMENT # 749588

1. Entity Name

SARASOTA-MANATEE SECTION NATIONAL COUNCIL OF JEW

Principal Place of Business

Mailing Address

1800 2ND ST., SUITE 870
 SARASOTA FL 34236

1800 2ND ST., SUITE 870
 SARASOTA FL 34236-5907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1940872

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

WEISNER, IRA S
 1800 2ND ST., SUITE 870
 SARASOTA FL 34236

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 **D** Delete
 NAME **SCOTT, LEANORE E**
 STREET ADDRESS **5179 LITTLE BROOK COURT**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** Change Addition
 NAME **DOLORES VOIPE**
 STREET ADDRESS **1100 Imperial Dr. #605**
 CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **VP** Delete
 NAME **HONEYMAN, HANNAH**
 STREET ADDRESS **5605 DORAL DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **FISHMAN, LAURICE**
 STREET ADDRESS **5624 COUNTRY CLUB WAY**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **BERMAN, MIMI**
 STREET ADDRESS **3801 FISHING TRAIL**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DAVIS, GLORIA**
 STREET ADDRESS **1427 SEAFARER DRIVE**
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **POLLACK, CHERIE**
 STREET ADDRESS **5201 88 STREET E.**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE 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: *Gloria Davis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

Date **2/28/00**

Daytime Phone # **941-966-1175**

CR2E037 (9/99)