

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90159 002 ****61.25

DOCUMENT # 751702

1. Entity Name

HIALEAH-MIAMI SPRINGS JEWISH COMMUNITY CENTER, I ✓

Principal Place of Business

6175 NW 153ST
 STE 226
 MIAMI LAKES FL 33014
 US

Mailing Address

6175 NW 153ST.
 SUITE 226
 MIAMI LAKES FL 33014
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6018713

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELLIS, NATHAN
1300 W. 82ND STREET
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name **SHEILA BUCKLAND**
 Street Address (P.O. Box Number is Not Acceptable) **17835 N.W. 63RD CT.**
 City **MIAMI, FL** Zip Code **FL 33015**

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

Nathan Ellis *Sheila Buckland* **SHEILA BUCKLAND**
NATHAN ELLIS, V.P. **7-14-00**

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	STACK, BRIAN	
STREET ADDRESS	8548 GLENCAIRN LANE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ELLIS, NATHAN	
STREET ADDRESS	1300 W. 82ND STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	VITIELLO, DELLANNE	
STREET ADDRESS	14631 BALGOWAN RD 206	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BERSON, LOUIS	
STREET ADDRESS	1140 N.W. 93 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33074	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERSON, LOUIS		
STREET ADDRESS	1140 N.W. 93 TERR		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STACK, BRIAN		
STREET ADDRESS	8548 GLENCAIRN LANE		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TREAS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BUCKLAND, SHEILA		
STREET ADDRESS	17835 N.W. 63 RD CT.		
CITY-ST-ZIP	MIAMI, FL 33015		
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			

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:

Sheila Buckland **SHEILA BUCKLAND** **7-14-00**
305 825-5677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (5/00)