

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 20, 2001 08:00 AM****Secretary of State****DOCUMENT # 755531****1. Entity Name**

TAMPA-ORLANDO-PINELLAS JEWISH FOUNDATION, INC.

Principal Place of Business**Mailing Address**

13009 COMMUNITY CAMPUS DR

13009 COMMUNITY CAMPUS DR

TAMPA
33625

US

FL

TAMPA
33625

US

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-2053655**

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**BOAS WILLIAM
13009 COMMUNITY CAMPUS DRTAMPA FL
33625 US

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 **WILLIAM BOAS****03/20/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 STREET ADDRESS CITY-ST-ZIP	VD SHEAR CASEY 906 ANCHOR RD TAMPA FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEAR CASEY 906 ANCHOR RD TAMPA FL 33602	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KATZEN HENRIETTA P O BOX 470607 KISSIMMEE FL 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROLFE ROGER 3069 OAK CREK DRIVE CLEARWATER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLFE ROGER 3069 OAK CREK DRIVE CLEARWATER FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLOMON MARTIN 101 E KENNEDY BLVD #2200 TAMPA FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLOMON MARTIN 101 E KENNEDY BLVD #2200 TAMPA FL 33602	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINER DICK PO BOX 1600 WINTER PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHASNOV BURTON 1859 BEAR CREEK COVE LONGWOOD FL 32779	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARGER BRUCE ONE PROGRESS PL #1600 SAINT PETERSBURG FL 33701	☐ 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)(f), 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: ROGER ROLFE**

PD

03/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)