**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757064  1. Entity Name						Feb 14, 2001 8:00 am Secretary of State				
KEYS JEWISH COMMUNITY CENTER, INC. 02-14-2001 90006 009 ****61.25										
,	ce of Business	Mailing Address								
93500 OVERSEAS HWY. TAVERNIER FL 33070-2815		P.O. BOX 1332 TAVERNIER FL 33070-2815						<b>ઇ</b> ક	e v e	ଏ ନ
2. Principal Place of Business		3. Mailing Address	<u>.                                    </u>							
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRITE IN	N THIS SP.	ACE	
City & State		City & State				4. FEI Number 59-0684072			<u> </u>	oplied For of Applicable
Zip	Country	Zip	Countr	У				Fe	8.75 Add ee Require	
- 4	6. Name and Address of Current	Registered Agent		Näme		7. Name and /	Address of New Regis	stered Ag	ent	٠- د حب
						·				- <del></del> -
BORUSZAK, JAMES			;	Stréet A	ddress (F	P.O. Box Number	is Not Acceptable)			ı
88181 OVERSEAS HWY., C32 ISLAMORADA FL 33036				_						
ISLAMON	AUA PL 33030		(	City		· · · · · · · · · · · · · · · · · · ·		FL	Zip Code	e
8. The above	named entity submits this statement for	the purpose of changing its re	egistered	office o	r register	ed 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 wh							<del></del>	DATE		
		<u> </u>	······		<del>-</del>	<del></del> -				
FILE NOW: FEE IS \$61.25		Election Campaign Financir     Trust Fund Contribution.				May Be Make Check Payable to Department of State			•	
10. OFFICERS AND DIRECTORS						ADDITIONS/CHA	NGES TO OFFICERS A	AND DIRE	CTORS IN	10
TITLE	PD	☐ Delete	TITLE					Ī	Change	Addition
NAME	BORUSZAK, JAMES		NAME							
STREET ADDRESS CITY-ST-ZIP	88181 OVERSEAS HWY C32 ISLAMORADA FL 33036		STREET A	1						
TITLE	VD VCK IOEI	☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS	POLLACK, JOEL 107 LONG BEN DRIVE		NAME STREET A	DDRESS						
-CITY-ST-ZIP	KEY-LARGO FL 33037	g and week	CITY-ST-			ا العاديد سه	منع هنجين ومن دهند بد	·~ . <del>-</del>	- a <del></del>	
TITLE	TD	☐ Delete	TITLE	Ī					Change	☐ Addition
NAME	POLLACK, LINDA		NAME							
STREET ADDRESS CITY-ST-ZIP	107 LONG BEN DRIVE KEY KARGO FL 33037		STREET A	1						ļ
TITLE	SD SD	Delete	TITLE	+		<del></del>			Change	☐ Addition
NAME	GORDON, SUSAN	□1 Delete	NAME					_	_ Change	
STREET ADDRESS	1 HARBOR SHORE ROAD		STREET A	1						1
CITY-ST-ZIP	KEY LARGO FL 33037		CITY-ST-	ZIP		_ <del></del>				
TITLE NAME	KD KWALICK, BILL	☐ Delete	TITLE NAME						Change	Addition
STREET ADDRESS	62 NO. BAY HARBOR DR		STREET A	DDRESS			-			
CITY-ST-ZIP	KEY LARGO FL 33037		CITY-ST-	1						ļ
TITLE	SD	Delete	TITLE		VD		······		Change	Addition
NAME	GORDON, SUSAN		NAME		BOR	2∪SZAK	JOAN LSEAS HWY	. ~	٠	
STREET ADDRESS CITY-ST-ZIP	1 Harbor Shore RD Key Largo Fl		STREET A						سر قدي	
	THE BUICE IL			اللية.	134/t/	<u> </u>	9, FL 331	- 26		

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 true are 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 of the corporation of the receiver of 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 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 true and accurate and that my signatures and that my name appears in Block 10 or Block 11 if the corporation of the corporation or the receiver or true and accurate and that my signatures and that my name appears in Block 10 or Block 11 if the corporation of the corporation or the receiver or true and accurate and that my signatures are legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true and accurate and that my signatures are legal effect as if made under oath; that I am an officer or director of the corporation o