2002 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # 757064** May 02, 2002 8:00 am Secretary of State KEYS JEWISH COMMUNITY CENTER, INC. 05-02-2002 90148 028 ****61.25 Principal Place of Business Mailing Address 93500 OVERSEAS HWY. P.O. BOX 1332 **TAVERNIER FL 33070-2815 TAVERNIER FL 33070-2815** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0684072 Not Applicable Ζю́ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BORUSZAK, JAMES Street Address (P.O. Box Number is Not Acceptable) 88181 OVERSEAS HWY., C32 ISLAMORADA FL 33036 City 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 9. Election Campaign Financing

\$5.00 May Be

Added to Fees

POLLACK, JOEL NAME STREET ADDRESS 107 LONG BEN DRIVE STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-7IP TITĹĖ ☐ Delete TITLE POLLACK, LINDA Change Addition NAME STREET ADDRESS 107 LONG BEN DRIVE STREET ADDRESS CITY-ST-ZIP KEY KARGO FL 33037 CITY-ST-ZIP TITLE Delete TITLE GORDON, SUSAN ☐ Change Addition KLUGER KURT 163 INDIAN HOUND STREET ADDRESS 1 HARBOR SHORE ROAD STREET ADDRESS CITY-ST-ZIE KEY LARGO FL 33037 CITY-ST-ZIP TAVERNIER FL 33070 TITLE ΚĎ Delete TITLE KWALICK, BILL BETH, ALAN 586 BONITO AVE NAME STREET ADDRESS 62 NO. BAY HARBOR DR STREET ADDRESS 586 CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP TITLE ۷D Delete TITLE NAME BORUSZAK, JOAN NAME RAKOV, NEIL STREET ADDRESS 88181 OVERSEAS HWY C3Y STREET ADDRESS 307 NORTH DRIVE CITY-ST-ZIP ISLAMORADA FL 33036 CITY-ST-ZIP SLAMORADA. FL 33036

Trust Fund Contribution.

☐ Delete

☐ Delete

11.

TITLE

NAME

TITLE

STREET ADDRESS

CiTY-ST-7IP

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 changed or on an attachment with an address, with all other like amounted.

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

FILE NOW: FEE IS \$61.25

88181 OVERSEAS HWY C32

ISLAMORADA FL 33036

BORUSZAK, JAMES

OFFICERS AND DIRECTORS

Make Check Payable to

Department of State

Change

☐ Addition

☐ Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10