

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90175 001 ****61.25

DOCUMENT # 757064

1. Entity Name
KEYS JEWISH COMMUNITY CENTER, INC.



Principal Place of Business
**93500 OVERSEAS HWY.
TAVERNIER FL 33070-2815**

Mailing Address
**P.O. BOX 1332
TAVERNIER FL 33070-2815**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0684072**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BORUSZAK, JAMES
88181 OVERSEAS HWY., C32
ISLAMORADA FL 33036**

Name **POLLACK, JOEL**
Street Address (P.O. Box Number is Not Acceptable)
107 LONG BEN DRIVE

City **KEY LARGO** **FL** Zip Code **33037**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joel Pollack*
Signature, typed or printed name of registered agent and title if applicable.

Joel Pollack
(NOTE: Registered Agent signature required when reinstating)

4-21-03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORUSZAK, JAMES 88181 OVERSEAS HWY C32 ISLAMORADA FL 33036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLLACK, JOEL 107 LONG BEN DRIVE KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLLACK, LINDA 107 LONG BEN DRIVE KEY KARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLUGER, KURT 163 INDIAN MOUND TRAIL TAVERNIER FL 33070	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BETH, ALAN 586 BONITO AVE KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAKOV, NEIL 307 NORTH DRIVE ISLAMORADA FL 33036	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIRE PRESIDENT GRAHAM, MARTIN 609 N. JADE DRIVE KEY LARGO, FL 33037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT POLLACK, JOEL 107 LONG BEN DRIVE KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY POLLACK, LINDA 107 LONG BEN DRIVE KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KLUGER, KURT 163 INDIAN MOUND TRAIL TAVERNIER, FL 33070	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Signature of Registered Agent

4-21-03 60552-8515

CR2E037 (10/02)