

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767873

1. Entity Name

JEWISH CONGREGATION OF MARCO ISLAND, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90117 038 \*\*\*\*61.25

Principal Place of Business 991 WINTERBERRY DRIVE MARCO ISLAND FL 34145 US	Mailing Address 991 WINTERBERRY DRIVE MARCO ISLAND FL 34145-5426 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-2281355</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

GREENER, EUGENE JR  
 975 N. COLLIER BLVD  
 MARIO ISLAND FL 33937

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARCO, EDWARD	
STREET ADDRESS	4000 ROYAL MARCO WAY APT 627	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SEGALL, RALPH	
STREET ADDRESS	3374 CERRITO CT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	SLAVICH, MIRIAM	
STREET ADDRESS	1221 MULBERRY COURT	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOLOMON, ABE	
STREET ADDRESS	236 NAPA RIDGE RD	
CITY-ST-ZIP	NAPLES FL 34119	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGALL RALPH	
STREET ADDRESS	3374 CERRITO CT	
CITY-ST-ZIP	NAPLES FL 34145	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE OSTROW	
STREET ADDRESS	1556 BULANBER CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	SAC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA SILVER	
STREET ADDRESS	176 S. COLLIER BLVD # 204	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	TRAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY STAIN	
STREET ADDRESS	801 MIMM CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
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: STANLEY D. STEIN 3/16/00 941-642-0800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)