

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769478

1. Entity Name

THE NATIONAL COUNCIL OF JEWISH WOMEN, TAMPA SECT

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90039 030 ****61.25

Principal Place of Business

4209 EUCLID AVE.
TAMPA FL 33629-8423
US

Mailing Address

4209 EUCLID AVE.
TAMPA FL 33629-8423
US

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

59-6192644

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

BERNSTEIN, FRANCES R
4209 EUCLID AVE
TAMPA FL 33629

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **ROSENBERG, ROBIN**
STREET ADDRESS **1001 W. CORAL**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ Change ☐ Addition
NAME **ROSENBERG, ROBIN**
STREET ADDRESS **1001 W. CORAL**
CITY-ST-ZIP **TAMPA, FL.**

TITLE **D** ☐ Delete
NAME **ROSENBLATT, DORIS**
STREET ADDRESS **654 RIVIERA DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GOULD, ZOE**
STREET ADDRESS **5010 BAYSHORE BLVD. #5**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ Change ☐ Addition
NAME **GOULD, ZOE**
STREET ADDRESS **3301 BAYSHORE BLVD. #1207**
CITY-ST-ZIP **TAMPA, FL.**

TITLE **D** ☐ Delete
NAME **COHEN, BETTY**
STREET ADDRESS **2623 N. DUNDEE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BERNSTEIN, FRANCES R**
STREET ADDRESS **4209 EUCLID AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **COHEN, JOSEPHINE**
STREET ADDRESS **15508 MORNING DR**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Change ☐ 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:

Frances R. Bernstein
FRANCES R. BERNSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/03/2000 8/3-831-1612
Date Daytime Phone #