

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90328 014 ****61.25

DOCUMENT # 769478

1. Entity Name

THE NATIONAL COUNCIL OF JEWISH WOMEN, TAMPA SECTION, INC.

Principal Place of Business

Mailing Address

4209 EUCLID AVE.
 TAMPA FL 33629-8423
 US

4209 EUCLID AVE.
 TAMPA FL 33629-8423
 US

8 2440T



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6192644

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **D COHEN, JOSEPHINE**
 STREET ADDRESS **15508 MORNING DRIVE**
 CITY-ST-ZIP **LUTZ, FL. 33549**

TITLE Delete
 NAME **D COHEN, BETTY**
 STREET ADDRESS **2823 N. DUNDEE**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **P FLORENCE MINKOW**
 STREET ADDRESS **3609 WATROUS AVENUE**
 CITY-ST-ZIP **TAMPA, FL. 33629**

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, TREASURER

01/08/02

813-831-1612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)