

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004833

1. Entity Name

THE AMERICAN FRIENDS OF DUBROVNIK SYNAGOGUE INC

Principal Place of Business

Mailing Address

3000 N. OCEAN RD. SUITE 23H
WEST PALM BEACH FL 33404

3000 N. OCEAN RD. SUITE 23H
WEST PALM BEACH FL 33404-3248

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

38-3181868

Applied For

Not Applicable

5. Certificate of Status Desired

~~Yes~~ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPO, MICHAEL MD
3000 N. OCEAN RD, SUITE 23H
WEST PALM BEACH FL 33404

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 PAPO, MICHAEL MD
STREET ADDRESS 3000 N. OCEAN RD, SUITE 23H
CITY-ST-ZIP WEST PALM BEACH FL 33404

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

TITLE S ☐ Delete
NAME PAPO, RENE
STREET ADDRESS 206 S. 5 AVE, SUITE 500
CITY-ST-ZIP ANN ARBOR MI 48104

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

TITLE T ☐ Delete
NAME FISHMAN, JAY
STREET ADDRESS 400 RENAISSANCE CENTER
CITY-ST-ZIP DETROIT MI 48243

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000 561-8446183
Date Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90161 001 ****61.25

03-22-2000 90161 002 ****8.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)