

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005037

1. Entity Name

THE JEWISH FEDERATION OF GREATER MIDDLESEX COUNTY, INC.

Principal Place of Business

230 OLD BRIDGE TURNPIKE
SOUTH RIVER NJ 08882

Mailing Address

230 OLD BRIDGE TURNPIKE
SOUTH RIVER NJ 08882

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

22-1500549

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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
NAME GORDON, KENNETH A
STREET ADDRESS 32 DUNSTON LANE
CITY-ST-ZIP MONMOUTH JUNCTION NJ 08852 ☒ Delete

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

TITLE V
NAME GLITZER, BARBARA ED.D.
STREET ADDRESS 802 SOUTH FIRST AVE.
CITY-ST-ZIP HIGHLAND PARK NJ 08904 ☐ Delete

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

TITLE V
NAME PASSNER, AL
STREET ADDRESS 3 DISBROW COURT
CITY-ST-ZIP EAST BRUNSWICK NJ 08816 ☐ Delete

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

TITLE V
NAME WEISS, LAURENCE SENATOR
STREET ADDRESS ONE CENTER CIRCLE
CITY-ST-ZIP WOODBRIDGE NJ 07095 ☒ Delete

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

TITLE V
NAME WOFCHUCK, PHOEBE
STREET ADDRESS 6 COMBS PLACE
CITY-ST-ZIP MILLTOWN NJ 08850 ☐ Delete

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

TITLE S
NAME LERNER, HENRY
STREET ADDRESS ONE CELLER ROAD
CITY-ST-ZIP EDISON NJ 08817 ☐ Delete

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

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90325 046 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)