

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000006453**

1. Entity Name

**FEDERATION SCHOOL LANDS, LLC**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR 18 PM 4:03

Principal Place of Business

Mailing Address

5980 SOUTH PINE ISLAND ROAD  
DAVIE FL 33328~~5980 SOUTH PINE ISLAND ROAD~~  
~~DAVIE FL 33328~~

2. Principal Place of Business

3. Mailing Address

5890 S. Pine Island Rd.  
Suite, Apt. #, etc.5890 S. Pine Island Rd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Davie, FL

City &amp; State

Davie, FL

Zip

33328

Country

Zip

33328

Country

4. FEI Number

65-1106189

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

5890 GOLDSTEIN, ISSIE  
5980 SOUTH PINE ISLAND ROAD  
DAVIE FL 33328

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
NAME MGRM  
STREET ADDRESS THE JEWISH FEDERATION OF BROWARD CO., INC.  
CITY-ST-ZIP 5890 SOUTH PINE ISLAND ROAD  
DAVIE FL 33328 ☐ DeleteTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
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NAME ☐ Delete  
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CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ISSIE GOLDSTEIN SIGNATURE REQUIRED

Issie Goldstein 2/27/02 954-252-6917

CR2E083 (9/01)