

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001883

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** GAINESVILLE HILLEL, INC.

**Current Principal Place of Business:**

2020 W. UNIVERSITY AVE  
GAINESVILLE, FL 32603 US

**New Principal Place of Business:**

**Current Mailing Address:**

2020 W. UNIVERSITY AVE  
GAINESVILLE, FL 32603 US

**New Mailing Address:**

FEI Number: 65-1090524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STERN, ROBERT  
537 NE 1ST STREET  
SUITE 5  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LIPOFF, NORMAN  
Address: 2020 W UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32603

Title: D  
Name: GOLDMAN, HOWARD  
Address: 2020 W UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32603

Title: D  
Name: WEINER, BEN  
Address: 2020 W UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32603

Title: D  
Name: BUDD, HARVEY  
Address: 2020 W UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32603

Title: PD  
Name: WEINER, KEN  
Address: 2020 W UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32603

Title: TD  
Name: STERN, ROBERT  
Address: 2020 W UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32603

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEITH DVORCHIK

EXEC

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date