

2002 UNIFORM BUSINESS REPORT (UBR)

0012461

DOCUMENT # N00000005833

1. Entity Name

HEBREW ACADEMY OF TAMPA, INC.

Principal Place of Business

14908 PENNINGTON ROAD
TAMPA FL 33624

Mailing Address

14908 PENNINGTON ROAD
TAMPA FL 33624

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

59-3672253

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

DUBROWSKI, ROBBY YOSSIE
14908 PENNINGTON ROAD
TAMPA FL 33624

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 PD
NAME DUBROWSKI, RABBI YOSSIE
STREET ADDRESS 4717 GRAINERY AVE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 200008579692
STREET ADDRESS 10/24/02--01103--015 **61.25
CITY-ST-ZIP

TITLE VD
NAME DUBROWSKI, MOSHE
STREET ADDRESS 630 EMPIRE BLVD
CITY-ST-ZIP BROOKLYN NY ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 200008579692
STREET ADDRESS 07/17/03--01071--001 **236.25
CITY-ST-ZIP

TITLE TD
NAME DUBROWSKI, NATHAN
STREET ADDRESS 630 EMPIRE BLVD
CITY-ST-ZIP BROOKLYN NY ☐ Delete

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

TITLE SD
NAME DUBROWSKI, SULHA
STREET ADDRESS 4717 GRAINERY AVE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

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 *Robb Yossie* 9-13-02 813 963-2377

FILED
03 JUL 17 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)