

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90169 037 ****61.25

DOCUMENT # N02000004799

1. Entity Name

PARTNERS FOR ISRAEL, INC.



Principal Place of Business

**3580 PALL MALL DR.
#503
JACKSONVILLE FL 32257**

Mailing Address

**3580 PALL MALL DR.
#503
JACKSONVILLE FL 32257**

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

30-0091164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REAMS, REBECCA
3580 PALL MALL DR.
#503
JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **PD** ☐ Delete
NAME: **THALER, MICHAEL**
STREET ADDRESS: **3580 PALL MALL DR.**
CITY-ST-ZIP: **JACKSONVILLE FL 32257**

TITLE: **TD** ☐ Delete
NAME: **REAMS, REBECCA**
STREET ADDRESS: **3580 PALL MALL DR.**
CITY-ST-ZIP: **JACKSONVILLE FL 32257**

TITLE: **SD** ☐ Delete
NAME: **SHIELDS, SANDY**
STREET ADDRESS: **3580 PALL MALL DR.**
CITY-ST-ZIP: **JACKSONVILLE FL 32257**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 to this address, with all other like empowered.

SIGNATURE: **REBECCA REAMS**
SIGNATURE REQUIRED MICHAEL THALER

8/14/03
8/14/03

(904) 449-3315

CR2E037 (4/03)