

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90164 016 \*\*\*\*61.25

**DOCUMENT # N07749**

1. Entity Name

**SOUTH POINT SECTION NATIONAL COUNCIL OF JEWISH W**

Principal Place of Business

7310 ASHFORD PLACE  
 #407 HUNTINGTON LAKES  
 DELRAY BEACH FL 33446  
 US

Mailing Address

7310 ASHFORD PLACE  
 #407 HUNTINGTON LAKES  
 DELRAY BEACH FL 33446  
 US

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

**59-2495167**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SUSSMAN, CONSTANCE**  
**7310 ASHFORD PLACE #407**  
**HUNTINGTON LAKES**  
**DELRAY BEACH FL 33446**

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.

SIGNATURE Constance Sussman

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**

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

TITLE	CP	<input type="checkbox"/> Delete
NAME	SUSSMAN, CONSTANCE	
STREET ADDRESS	7310 ASHFORD PLACE #407	
CITY-ST-ZIP	DELRAY BEACH FL 33446	

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	BYKOFKY, ESTELLE	
STREET ADDRESS	10177 CANOE BROOK CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33498	

TITLE	T	<input type="checkbox"/> Delete
NAME	NEWMAN, RUTH	
STREET ADDRESS	15075 WITNEY RD. #206	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPECTOR, NORMA	
STREET ADDRESS	ONE ABBY LANE #103	
CITY-ST-ZIP	DELRAY BEACH FL 33446	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, BERNICE	
STREET ADDRESS	7350 KINGHURST DR #302	
CITY-ST-ZIP	DELRAY BEACH FL 33446	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STILLMAN, ANN	
STREET ADDRESS	788 N.W. 32ND ST.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Estelle Bykofsky	
STREET ADDRESS	10177 Canoe Brook Circle	
CITY-ST-ZIP	Boca Raton, Fl. 33498	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Co-President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Goldstein	
STREET ADDRESS	15126 Ashland Dr. #G229	
CITY-ST-ZIP	Delray Beach, Fl. 33484	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norma Solomon	
STREET ADDRESS	15355 lakes Of Delray Blvd. #102	
CITY-ST-ZIP	Delray Beach, Fl. 33484	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pearl Epstein	
STREET ADDRESS	6387 Moonstone Way	
CITY-ST-ZIP	Delray Beach, Fl. 33484	

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:

**TREASURER REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ruth Newman* 1-20-2001  
 Date Daytime Phone #

CR2E037 (10/00)