

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10345

1. Entity Name

NATIONAL COUNCIL OF JEWISH WOMEN - NAPLES/MARCO

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90311 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O CAROL EMERSON  
161 BRAMPTON LANE  
NAPLES FL 34104  
US

C/O CAROL EMERSON  
161 BRAMPTON LANE  
NAPLES FL 34104-8382  
US

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0224801

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EMERSON, CAROL  
161 BRAMPTON LANE  
NAPLES FL 34104

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **WINTERS, EDYTHE**  
CITY-ST-ZIP **1568 WEYBRIDGE CIRCLE**  
**NAPLES FL 34110**

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

TITLE ☐ Delete  
NAME **DT**  
STREET ADDRESS **GASTON, SELMA**  
CITY-ST-ZIP **1982 E CROWN PT BLVD**  
**NAPLES FL 34112**

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

TITLE ☐ Delete  
NAME **TRUS**  
STREET ADDRESS **WEINFELD, HELEN**  
CITY-ST-ZIP **4551 GULF SHORE BLVD N #805**  
**NAPLES FL**

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

TITLE ☐ Delete  
NAME **TRUS**  
STREET ADDRESS **HAIMAN, LOUISE**  
CITY-ST-ZIP **239 BAYFRONT DR**  
**NAPLES FL 34108**

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

TITLE ☐ Delete  
NAME **TRUS**  
STREET ADDRESS **REICH, LEONORE**  
CITY-ST-ZIP **713 REFF POINT CIRCLE**  
**NAPLES FL 34108**

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:

*Carol Emerson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2000  
Date

941 455-3512  
Daytime Phone #

CR2E037 (9/99)