

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10345

1. Entity Name

NATIONAL COUNCIL OF JEWISH WOMEN - NAPLES/MARCO

Principal Place of Business

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

Mailing Address

C/O CAROL EMERSON  
161 BRAMPTON LANE  
NAPLES FL 34104  
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

51-0224801

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

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

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

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

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

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

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

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

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

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

TITLE Trustee  
NAME Michele Partnoy  
STREET ADDRESS 2761 Citrus Lake Dr. H-203  
CITY-ST-ZIP Naples, FL 34109 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Trustee  
NAME Judie Grossman  
STREET ADDRESS 103 Colonade Circle  
CITY-ST-ZIP Naples, FL 34103 ☐ Change ☒ Addition

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

1-13-01

941 455-3512

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

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