

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90115 048 ****61.25

DOCUMENT # N10345

1. Entity Name

**NATIONAL COUNCIL OF JEWISH WOMEN - NAPLES/MARCO
 SECTION, INC.**

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
 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

Carol Emerson

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

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

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

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

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

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

TITLE TRUS ☐ Delete
 NAME PARTNOY, MICHELE
 STREET ADDRESS 2761 CITRUS LAKE DR H-203
 CITY-ST-ZIP NAPLES FL 34109

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

TITLE T ☐ Delete
 NAME GROSSMAN, JUDIE
 STREET ADDRESS 103 COLONADE CIRCLE
 CITY-ST-ZIP NAPLES FL 34103

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

1-8-02 941 455-3512
 Date Daytime Phone #

CR2E037 (9/01)