

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90052 029 \*\*\*\*61.25

**DOCUMENT # N12840**  
 1. Entity Name  
**JEWISH COMMUNITY ALLIANCE, INC.**

Principal Place of Business      Mailing Address  
**8505 SAN JOSE BLVD.**      **8505 SAN JOSE BLVD.**  
**JACKSONVILLE FL 32217**      **JACKSONVILLE FL 32217-4225**

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      Applied For  
**59-2620208**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**KORMAN, HOWARD I**  
**4490 SOUTHSIDE BLVD**  
**JACKSONVILLE FL 32216**

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 \_\_\_\_\_ (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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAFFA, IRENE</b>	NAME	
STREET ADDRESS	<b>2801 SYLVAN N.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURMAN, SHERWIN</b>	NAME	
STREET ADDRESS	<b>2850 SPANISH COVE TRL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDFIELD, IRA E</b>	NAME	
STREET ADDRESS	<b>2803 SCOTT MILL ESTATES</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOTTLIEB, MEL</b>	NAME	
STREET ADDRESS	<b>3028 FOREST CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDMAN, STEPHEN</b>	NAME	
STREET ADDRESS	<b>3482 BEAUCLERC COVE PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KORN, PAMELA V.</b>	NAME	<b>VD Brodsky, Ernest</b>
STREET ADDRESS	<b>3603 CATHEDRAL OAKS PL N</b>	STREET ADDRESS	<b>8052 Hunters Grove Rd.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>

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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **1/21/2000**      **(904) 730-2100**  
 \_\_\_\_\_      Date      Daytime Phone #