

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16202

1. Entity Name

THE INTERFAITH AND INTERRACIAL COUNCIL, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90079 009 ****70.00

Principal Place of Business

5037 WILLOW LEAF WAY
SARASOTA FL 34241

Mailing Address

5824 BEE RIDGE ROAD
#205
SARASOTA FL 34233-5065

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

59-2727228

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

ZUCKER, MICHAEL D
5037 WILLOW LEAF WAY
SARASOTA FL 34241

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, SYLVIA	
STREET ADDRESS	2033 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOSOV, ANDREW (RABBI)	
STREET ADDRESS	TEMPLE EMANUEL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	GOTTFRIED, MARILOYS	
STREET ADDRESS	4160 FRUITVILLE RD., VILLA 53	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZUCKER, MICHAEL	
STREET ADDRESS	5037 WILLOW LEAF WAY	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DAILEY, JOHNNIE (REV)	
STREET ADDRESS	3733 20TH STREET	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, SYLVIA	
STREET ADDRESS	3808 NO. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSOV, ANDREW (RABBI)	
STREET ADDRESS	TEMPLE EMANUEL	
CITY-ST-ZIP	151 S. MCINTOSH RD, SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTFRIED, MARILOYS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAPP, MARY	
STREET ADDRESS	1800 2ND ST #708	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	CSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASTA, GOLDA	
STREET ADDRESS	5614 MONTE ROSSO RD.	
CITY-ST-ZIP	SARASOTA FL 34243	

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 REQUIRED MICHAEL D. ZUCKER

02/28/2000

(941) 379-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)