

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16202

1. Entity Name

THE INTERFAITH AND INTERRACIAL COUNCIL, INC.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME TAYLOR, SYLVIA
STREET ADDRESS 3808 NO TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ Change ☒ Addition
NAME NANCY EISENSTAT
STREET ADDRESS 7111 OLD COMPASS ROAD
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE PD ☐ Delete
NAME BOSOV, ANDREW (RABBI)
STREET ADDRESS TEMPLE EMANUEL, 151 S. MCINTOSH RD.
CITY-ST-ZIP SARASOTA FL 34232

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

TITLE D ☐ Delete
NAME GOTTFRIED, MARILOYS
STREET ADDRESS 4160 FRUITVILLE RD., VILLA 53
CITY-ST-ZIP SARASOTA FL 34232

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

TITLE TD ☐ Delete
NAME ZUCKER, MICHAEL
STREET ADDRESS 5037 WILLOW LEAF WAY
CITY-ST-ZIP SARASOTA FL 34241

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

TITLE VPD ☒ Delete
NAME MAPP, MARY
STREET ADDRESS 1800 2ND ST #708
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ Change ☒ Addition
NAME ZAN BENHAM
STREET ADDRESS 2414 NASSAU ST
CITY-ST-ZIP SARASOTA FL 34231

TITLE CSD ☐ Delete
NAME BASTA, GOLDA
STREET ADDRESS 5614 MONTE ROSSO RD
CITY-ST-ZIP SARASOTA FL 34243

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:

Michael D. Zucker
MICHAEL D. ZUCKER, TREASURER

04/30/01

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90020 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)