2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 29, 2002 8:00 am[§] Secretary of State **DOCUMENT # N16202** 1. Entity Name THE INTERFAITH AND INTERRACIAL COUNCIL, INC. 05-29-2002 93661 017 ****61.25 Principal Place of Business Mailing Address 5037 WILLOW LEAF WAY 5824 BEE RIDGE ROAD SARASOTA FL: 34241 SARASOTA FL 34233-5065 2. Principal Place of Business 3. Mailing Address TH FLYOD CENTER Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1755 City & State Applied For 59-2727228 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6.-Name and Address of Current Registered Agent Name and Address of New Registered Agent Name Street Adamss (P.O. Box Number is Not Acceptable ZUCKER, MICHAEL D 5037 WILLOW LEAF WAY SARASOTA FL 34241 23/3/42 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 pri (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE **☒** Delete TITLE DMIRIAM GREENBERG 988 BLVD 4 HE ARTS Change ☐ Addition EISENSTAT, NANCY NAME NAME 7111 OLD COMPASS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-7IP SARASOTA FLBUDBL TITLE PD 🔀 Delete TITLE **Change** ☐ Addition BOSSOV, ANDREW (RABBI) NAME NINA BURNWELLI 3651 ALLENWOOD ST. NAME STREET ADDRESS TEMPLE EMANUEL, 151 S. MCINTOSH RD STREET ADDRESS CITY-ST-ZIF SARASOTA FL 34232 CITY-ST-ZIP SARASOTA FL 34232 TITLE Delete Change ☐ Addition GOTTFRIED, MARILOYS NAME HELEW LINGLE STREET ADDRESS 4160 FRUITVILLE RD., VILLA 53 STREET ADDRESS K KEYWAY CITY-ST-7/P Sarasota FL 34232 CITY-ST-ZIP NOKOMIS FL34275 X Delete TITLE ■ Change ☐ Addition RUTH YOUNG ST \$218 ZUCKER, MICHAEL NAME **5037 WILLOW LEAF WAY** STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA FL 34241 CITY-ST-ZIP SARASOTA, FL34237 TITLE Delete TITLE Change ■ Addition BENHAM, ZAN JOHNL. KELLY 9000 MIDNIGHT PASS RD NAME NAME 2414 NASSAU ST STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CiTY-ST-7IP CITY-ST-ZIP SACASOTA, FL TITLE Delete TITLE Change 🖳 Addition BASTA, GOLDA JOANN WEBER NAME NAME 5614 MONTE ROSSO RD STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP CITY-ST-7IP 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 REQUIRED SIGNATURE: