

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16810

1. Entity Name

THE JEWISH GUILD FOR THE BLIND OF FLORIDA, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90091 015 ****61.25

Principal Place of Business

169 E. FLAGLER ST
#1200
MIAMI FL 33131
US

Mailing Address

169 E. FLAGLER ST
#1200
MIAMI FL 33131-1205
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

13-1623385

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

MANDEL, DAVID S., ESQ.
MANDEL & NIXON LLP
169 EAST FLAGLER ST., SUITE 1200
MIAMI FL 33131

Name

David S. Mandel, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Mandel & McAliley LLP

169 East Flagler St., Suite 1200

City

Miami

FL

Zip Code

33131

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

David S. Mandel

2-28-00

Signature, hand 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 PD ☐ Delete
NAME MORSE, ALAN R.
STREET ADDRESS 15 WEST 65TH STREET
CITY-ST-ZIP NEW YORK NY 10023

TITLE Chairman ☐ Change ☒ Addition
NAME Joseph S. Mischkin
STREET ADDRESS MKB Ribbon, 561 7th Avenue
CITY-ST-ZIP New York, New York 10018

TITLE D ☐ Delete
NAME GOLDSCHMIDT, LAWRENCE E
STREET ADDRESS 641 LEXINGTON AVE
CITY-ST-ZIP NEW YORK NY 10022

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

TITLE TD ☐ Delete
NAME KAHN, THOMAS GRAHAM
STREET ADDRESS 1 EXCHANGE PLACE
CITY-ST-ZIP NEW YORK NY 10006

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

TITLE SD ☐ Delete
NAME RAIFF, PAULINE
STREET ADDRESS 1155 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10128

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

TITLE CD ☒ Delete
NAME DUBIN, JAMES M
STREET ADDRESS 1285 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10019

TITLE Chairman Exec. Committee ☒ Change ☐ Addition
NAME James M. Dubin
STREET ADDRESS 1285 Avenue of the Americas
CITY-ST-ZIP New York, New York 10019

TITLE D ☐ Delete
NAME RITTMASER, JANE G
STREET ADDRESS 911 PARK AVE
CITY-ST-ZIP NEW YORK NY 10021

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: X SIGNATURE REQUIRED ALAN R. MORSE 2/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

212-769-6214

CR2E037 (9/99)