

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16810

1. Entity Name

THE JEWISH GUILD FOR THE BLIND OF FLORIDA, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90310 050 ****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
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~~ *Mc AULEY LLP*
169 EAST FLAGLER ST., SUITE 1200
MIAMI FL 33131

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)

1/26/01
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MORSE, ALAN R. 15 WEST 65TH STREET NEW YORK NY 10023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSCHMIDT, LAWRENCE E 641 LEXINGTON AVE NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAHN, THOMAS GRAHAM 1 EXCHANGE PLACE NEW YORK NY 10006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAIFF, PAULINE 1155 PARK AVE. NEW YORK NY 10128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEC DUBIN, JAMES M 1285 AVENUE OF THE AMERICAS NEW YORK NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTMASER, JANE G 911 PARK AVE NEW YORK NY 10021	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>555 MADISON AVE 22nd FL NEW YORK NY 10022</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/01 2127696215

CR2E037 (10/00)

Attachment Doc# N16810

708029

THE JEWISH GUILD FOR THE BLIND OF FLORIDA, INC
ATTACHMENT TO 2001 CORPORATION ANNUAL REPORT

DOCUMENT #N16810

BLOCK 11 ADDITIONAL OFFICERS AND DIRECTORS

TITLE	CHAIRMAN/DIRECTOR
NAME	MISHKIN, JOSEPH
STREET ADDRESS	MBK IBBON, LLC
	561 7 TH AVENUE
CITY - STATE - ZIP	NEW YORK, NY 10018
TITLE	DIRECTOR
NAME	GOLDSCHMIDT, LAWRENCE E.
STREET ADDRESS	641 LEXINGTON AVENUE
CITY - STATE - ZIP	NEW YORK, NY 10022
TITLE	DIRECTOR
NAME	RITTMASER, JANE D.
STREET ADDRESS	911 PARK AVENUE
CITY - STATE - ZIP	NEW YORK, NY 10021
TITLE	ASSISTANT SECRETARY
NAME	RIEG, MARYANN
STREET ADDRESS	15 WEST 65 TH STREET
CITY - STATE - ZIP	NEW YORK, NY 10023