

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90076 005 ****61.25

DOCUMENT # N16810

1. Entity Name

THE JEWISH GUILD FOR THE BLIND OF FLORIDA, INC.



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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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 555 MADISON AVE 22ND FL NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE RAIFF, PAULINE 1155 PARK AVE. NEW YORK NY 10128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 2127496215

CR2E037 (10/02)

ATTACHMENT

THE JEWISH GUILD FOR THE BLIND OF FLORIDA, INC ATTACHMENT TO 2003 ORPORATION ANNUAL REPORT

DOCUMENT #N16810

80026290

BLOCK 11 ADDITIONAL OFFICERS AND DIRECTORS

TITLE	SECRETARY/DIRECTOR
NAME	FINLEY, CAROL T.
STREET ADDRESS	101 CENTRAL PARK WEST
CITY - STATE - ZIP	NEW YORK, NY 10021
TITLE	VICE PRESIDENT AND CFO
NAME	ELLIOT HAGLER, CPA
STREET ADDRESS	15 WEST 65 TH STREET
CITY - STATE - ZIP	NEW YORK, NY 10023
TITLE	VICE PRESIDENT
NAME	CATHLEEN WIRTS
ADDRESS	15 WEST 65 TH STREET
CITY - STATE - ZIP	NEW YORK, NY 10023
TITLE	ASSISTANT SECRETARY
NAME	ANGELA VIGLIAROLO
STREET ADDRESS	15 WEST 65 TH STREET
CITY - STATE - ZIP	NEW YORK, NY 10023