

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19909

1. Entity Name

KENT JEWISH COMMUNITY CENTER PRESCHOOL, INC.

Principal Place of Business

1955 VIRGINIA STREET  
CLEARWATER FL 34623

Mailing Address

1955 VIRGINIA STREET  
CLEARWATER FL 33763-2216

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

59-2790461

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

SOLOMON, MINDY  
1871 SALEM COURT  
DUNEDIN FL 34698

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 ☐ Delete

NAME  
D SOLOMON, MINDY  
STREET ADDRESS  
1871 SALEM COURT  
CITY-ST-ZIP  
DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
D KENT, REVA  
STREET ADDRESS  
3136 MASTERS DRIVE  
CITY-ST-ZIP  
CLEARWATER FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
D RUTENBERG, CHARLES  
STREET ADDRESS  
3140 MASTERS DRIVE  
CITY-ST-ZIP  
CLEARWATER FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of Solomon, Mindy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00 (77) 36-1494  
Date Daytime Phone #

FILED  
Jan 13, 2000 8:00 am  
Secretary of State

01-13-2000 90028 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)