## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Jan 16, 2001 8:00 am Secretary of State 01-16-2001 90050 050 \*\*\*\*61.25 DOCUMENT # N19909 1. Entity Name KENT JEWISH COMMUNITY CENTER PRESCHOOL, INC. Principal Place of Business Mailing Address 1955 VIRGINIA STREET 1955 VIRGINIA STREET UUUU3151 CLEARWATER FL 34623 **CLEARWATER FL 34623** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2790461 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Adeptable) 1280 Heather Ridge Blud SOLOMON, MINDY 1871 SALEM COURT **DUNEDIN FL 34698** Zip,Code 34698 submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (10/00)★ Addition TITLE ☐ Change Delete SOLOMON, MINDY NAME Newmark, Stanley 1280 Heather Ridge Blud. NAME STREET ADDRESS STREET ADDRESS 1871 SALEM COURT CITY-ST-ZIP CITY-ST-7IP Dunedina FL 34698 **DUNEDIN FL 34698** Change ☐ Addition ☐ Delete TIT! F Rutenberg, Charles NAME KENT, REVA NAME 3263 Hyde Park Blod Clearwater FL 33 STREET ADDRESS STREET ADDRESS 3136 MASTERS DRIVE CITY-ST-ZIP C/TY-ST-ZIP CLEARWATER FL ☐ Delete TITLE TITLE Newmark, Enid 1280 Heather Ridge Blud NAME RUTENBERG, CHARLES NAME STREET ADDRESS STREET ADDRESS 3140 MASTERS DRIVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: