

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90266 014 \*\*\*\*61.25

**DOCUMENT # N19909**

1. Entity Name

**KENT JEWISH COMMUNITY CENTER PRESCHOOL, INC.**



Principal Place of Business

**1950 VIRGINIA AVENUE  
CLEARWATER FL 34623**

Mailing Address

**1950 VIRGINIA AVENUE  
CLEARWATER FL 34623**

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

**NEWMARK, STANLEY  
3151 OYSTER BAYOU WAY  
CLEARWATER FL 33759**

Name  
**ADELMAN, SETH**

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

**31177 US 19 N. #814**

City  
**PALM HARBOR**

FL

Zip Code  
**34684**

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]* **Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/1/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **KENT, REVA**  
STREET ADDRESS **3136 MASTERS DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33761**

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

TITLE **PD** ☐ Delete  
NAME **NEWMARK, STANLEY**  
STREET ADDRESS **3151 OYSTER BAYOU WAY**  
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **PAST PRESIDENT** ☒ Change ☐ Addition  
NAME **NEWMARK, STANLEY**  
STREET ADDRESS **3151 OYSTER BAYOU WAY**  
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **D** ☐ Delete  
NAME **RUTENBERG, CHARLES**  
STREET ADDRESS **3263 HYDE PARK BLVD**  
CITY-ST-ZIP **CLEARWATER FL 33761**

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

TITLE **T** ☒ Delete  
NAME **NEWMARK, ENID**  
STREET ADDRESS **3151 OYSTER BAYOU WAY**  
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **ADELMAN, SETH** ☐ Change ☒ Addition  
NAME **ADELMAN, SETH**  
STREET ADDRESS **31177 US 19 N. #814**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DINER, RONALD** ☐ Change ☒ Addition  
NAME **DINER, RONALD**  
STREET ADDRESS **7890 LANTANA CREEK ROAD**  
CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRESIDENT ELECT** ☐ Change ☒ Addition  
NAME **SILBERMANN, CALE**  
STREET ADDRESS **1201 WILLOWICK CIRCLE**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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.

CR2E037 (10/02)