

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22424

1. Entity Name

JEWISH ARTS FOUNDATION, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90051 036 \*\*\*\*61.25

Principal Place of Business

230 ROYAL PALM WAY  
SUITE 207  
PALM BEACH FL 33480

Mailing Address

230 ROYAL PALM WAY  
SUITE 207  
PALM BEACH FL 33480-4314  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0014995

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

KAREN DAVIS  
230 ROYAL PALM WAY  
SUITE 207  
PALM BEACH FL 33480

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 PD  
NAME MIELNICKI, DANIEL D  
STREET ADDRESS 2111 NW 59 ST  
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

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

TITLE VPD  
NAME LUNTZ, HOLDEN  
STREET ADDRESS 194 SUNSET RD  
CITY-ST-ZIP W PALM BEACH FL ☐ Delete

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

TITLE VPD  
NAME FINKELSTEIN, ANN  
STREET ADDRESS 150 BRADLEY PL  
CITY-ST-ZIP PALM BCH FL ☐ Delete

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

TITLE TD  
NAME GREENBERG, LAWRENCE  
STREET ADDRESS 1740 GRANTHAM STREET  
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

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

TITLE VPD  
NAME SCHRAM, LESLIE  
STREET ADDRESS 1420 N. OCEAN BLVD  
CITY-ST-ZIP PB FL 33480 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

361-659-156

Daytime Phone #

CR2E037 (9/99)