

2002 DID NOT RECEIVE RENEWAL FORM
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90119 044 ****70.00

DOCUMENT # N24906

1. Entity Name

GULF COAST JEWISH FAMILY SERVICES FOUNDATION, IN

Principal Place of Business

14041 ICOT BLVD.
CLEARWATER FL 33760
US

Mailing Address

14041 ICOT BOULEVARD
CLEARWATER FL 33760
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

59-1229354

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERNSTEIN, MICHAEL A.
14041 ICOT BOULEVARD
CLEARWATER FL 34620**

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.

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

TITLE **C** ☐ Delete
NAME **MENSH, MYRON**
STREET ADDRESS **3018 82ND WAY N**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **TD** ☐ Delete
NAME **RUBIN, LESLIE**
STREET ADDRESS **3026 OAKMONT DR**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☐ Delete
NAME **BERSTEIN, MICHAEL**
STREET ADDRESS **14041 ICOT BLVD.**
CITY-ST-ZIP **CLEARWATER RG FL 33760**

TITLE **SD** ☐ Delete
NAME **FAYER, FLORENCE**
STREET ADDRESS **1885 SHORE DRIVE S., #534**
CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE **D** ☒ Delete
NAME **GELBART, JUNE**
STREET ADDRESS **P. O. BOX 5185**
CITY-ST-ZIP **CLEARWATER FL 33758**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9877 SAGO POINT DRIVE**
CITY-ST-ZIP **LARGO, FL 33777**

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

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

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

TITLE ☐ Change ☐ Addition
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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.

MICHAEL BERNSTEIN (72)