

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27715

1. Entity Name

FLANZER JEWISH COMMUNITY CENTER, INC.

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

02-13-2000 90007 041 ****61.25

Principal Place of Business

Mailing Address

582 S. MCINTOSH ROAD
SARASOTA FL 34232

582 S. MCINTOSH ROAD
SARASOTA FL 34232-1957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0076929

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERNSTEIN, DANIEL M
582 S. MCINTOSH ROAD
SARASOTA FL 34232

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 ☐ Delete
NAME KLABER, LIZ
STREET ADDRESS 4461 VIOLET AVE
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☒ Change ☐ Addition
NAME JUDY WEINSTEIN
STREET ADDRESS 4618 TRAILS DR
CITY-ST-ZIP SARASOTA, FL 34232

TITLE VPD ☐ Delete
NAME SALZMAN, HONEY
STREET ADDRESS 3133 WINDRUSH-BOURNE
CITY-ST-ZIP SARASOTA FL 34235

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

TITLE VPD ☐ Delete
NAME AXELRAD, MILTON
STREET ADDRESS 535 SANCTUARY DR #A601
CITY-ST-ZIP LONGBOAT KEY FL 34228

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

TITLE S ☐ Delete
NAME SCHWARTZ, MARK
STREET ADDRESS 4860 HANGING MOSS LANE
CITY-ST-ZIP SARASOTA FL 34238

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

TITLE VT ☐ Delete
NAME ZELITT, STEPHEN
STREET ADDRESS 3421 BEEKMAN PL. R.
CITY-ST-ZIP SARASOTA FL

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

TITLE D ☐ Delete
NAME WEINSTEIN, JUDY
STREET ADDRESS 4618 TRAILS DR.
CITY-ST-ZIP SARASOTA FL

TITLE VPD ☒ Change ☐ Addition
NAME LIZ ESFORMES-ALVAREZ
STREET ADDRESS 5121 NESTRAL PK. PL.
CITY-ST-ZIP SARASOTA FL 34231

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

Date

Daytime Phone #

1/11/00 (941)378-5568

CR2E037 (9/99)