

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90147 016 ****61.25

DOCUMENT # N27715

1. Entity Name

FLANZER JEWISH COMMUNITY CENTER, INC.



Principal Place of Business

**582 S. MCINTOSH ROAD
SARASOTA FL 34232**

Mailing Address

**582 S. MCINTOSH ROAD
SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0076929**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WEINSTEIN, JUDY	
STREET ADDRESS	4618 TRAILS DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	V	<input type="checkbox"/> Delete
NAME	SALZMAN, HONEY	
STREET ADDRESS	3133 WINDRUSH BOURNE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHEPARD, MARVIN	
STREET ADDRESS	590 LAKESIDE DR	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLUMENTHAL, RICHARD	
STREET ADDRESS	888 BLVD. OF THE ARTS #1908	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	ZELITT, STEPHEN	
STREET ADDRESS	3421 BEEKMAN PL. R.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	POLEJES, HARRIET	
STREET ADDRESS	156 WILD PALM DR	
CITY-ST-ZIP	BRADENTON FL 34210	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Bernstein	
STREET ADDRESS	582 S. McIntosh Rd	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Berkowitz	
STREET ADDRESS	1049 Bahia Vista Court	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

CR2E037 (10/02)