

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90012 049 \*\*\*\*61.25

008512

**DOCUMENT # N27941**

1. Entity Name

**CHABAD OF PINELLAS COUNTY, INC.**

Principal Place of Business <b>3696 FISHER RD PALM HARBOR FL 34683 US</b>	Mailing Address <b>C/O ROBERT L TANKEL <del>1299 MAIN ST STE F</del> DUNEDIN FL 34698 US</b>
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**00004302**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**1022 Main ST, STE D**

City & State

City & State

4. FEI Number **59-2905025**

Applied For  
Not Applicable

Zip Country

Country

Zip Country

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TANKEL, ROBERT L ESQ.  
1299 MAIN ST  
SUITE F  
DUNEDIN FL 34698**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ADLER, SHALOM 708 SAMANTHA DR PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KREISLER, LEON 1000 ROYAL BIRKDALE DRIVE TARPON SPRINGS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BROWN, IRVING 110 CLAY'S TRAIL OLDSMAR FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KATZ, CHARLES 3423 MERMOOR DR #205 PALM HARBOR FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADLER, CHANIE 708 SAMANTHA DR PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BENET, GAIL 3831 BROOKSWORTH AVE TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KATZ, CHARLES 871 NEW YORK AVE #106 DUNEDIN FL 34698</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **SHALOM ADLER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 9 2001 (727) 789-0408**  
 Date Daytime Phone #

CR2E037 (10/00)