## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N27941**

1. Entity Name

CHABAD OF PINELLAS COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3696 FISHER RD<br>PALM HARBOR FL 34683<br>US | C/O ROBERT L TANKEL<br>1022 MAIN ST STE D<br>DUNEDIN FL 34698<br>US |
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2905025 ☐ 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 |
|---|---|
| TANKEL, ROBERT L E<br>1022 MAIN ST<br>SUITE D<br>DUNEDIN FL 34698 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | ST | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | ADLER, SHALOM | | NAME | | |
| STREET ADDRESS | 708 SAMANTHA DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | | CITY-ST-ZIP | | |
| TITLE | VD | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | KREISLER, LEON | | NAME | | |
| STREET ADDRESS | 1000 ROYAL BIRKDALE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS FL | | CITY-ST-ZIP | | |
| TITLE | PD | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | BROWN, IRVING | | NAME | | |
| STREET ADDRESS | 110 CLAY'S TRAIL | | STREET ADDRESS | | |
| CITY-ST-ZIP | OLDSMAR FL | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | KATZ, CHARLES | | NAME | | |
| STREET ADDRESS | 871 NEW YORK AVE #108 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | ADLER, CHANIE | | NAME | | |
| STREET ADDRESS | 708 SAMANTHA DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | BENET, GAIL | | NAME | | |
| STREET ADDRESS | 3831 BROOKSWORTH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS FL 34689 | | CITY-ST-ZIP | | |

CR2E037 (9/01)

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: _____ ST Mar/12/02 (727)784-0408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #