


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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90201 003 \*\*\*\*61.25

UBR01 US

|  |   |
|--|---|
| <b>DOCUMENT # N27941</b>                                 |  |
| 1. Entity Name<br><b>CHABAD OF PINELLAS COUNTY, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>3696 FISHER RD<br/>PALM HARBOR FL 34683<br/>US</b> | Mailing Address<br><b>C/O ROBERT L TANKEL<br/>1022 MAIN ST STE D<br/>DUNEDIN FL 34698<br/>US</b> |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 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 <b>59-2905025</b> | Applied For    |
|                                 | Not Applicable |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|



CHECK HERE IF MAKING CHANGES

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>                      |
| <b>TANKEL, ROBERT L E<br/>1022 MAIN ST<br/>SUITE D<br/>DUNEDIN FL 34698</b> |

|  |    |          |
|--|----|----------|
| <b>7. Name and Address of New Registered Agent</b> |    |          |
| 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. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <b>ST</b> <input type="checkbox"/> Delete            |
| NAME                       | <b>ADLER, SHALOM</b>                                 |
| STREET ADDRESS             | <b>708 SAMANTHA DR</b>                               |
| CITY-ST-ZIP                | <b>PALM HARBOR FL 34683</b>                          |
| TITLE                      | <b>VD</b> <input type="checkbox"/> Delete            |
| NAME                       | <b>KREISLER, LEON</b>                                |
| STREET ADDRESS             | <b>1000 ROYAL BIRKDALE DRIVE</b>                     |
| CITY-ST-ZIP                | <b>TARPON SPRINGS FL</b>                             |
| TITLE                      | <b>PD</b> <input checked="" type="checkbox"/> Delete |
| NAME                       | <b>BROWN, IRVING</b>                                 |
| STREET ADDRESS             | <b>110 CLAY'S TRAIL</b>                              |
| CITY-ST-ZIP                | <b>OLDSMAR FL</b>                                    |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete             |
| NAME                       | <b>KATZ, CHARLES</b>                                 |
| STREET ADDRESS             | <b>871 NEW YORK AVE #106</b>                         |
| CITY-ST-ZIP                | <b>DUNEDIN FL 34698</b>                              |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete             |
| NAME                       | <b>ADLER, CHANIE</b>                                 |
| STREET ADDRESS             | <b>708 SAMANTHA DR</b>                               |
| CITY-ST-ZIP                | <b>PALM HARBOR FL 34683</b>                          |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete             |
| NAME                       | <b>BENET, GAIL</b>                                   |
| STREET ADDRESS             | <b>3831 BROOKSWORTH AVE</b>                          |
| CITY-ST-ZIP                | <b>TARPON SPRINGS FL 34689</b>                       |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| 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   | <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | <b>COHEN, STEVEN</b>   |
| STREET ADDRESS  | <b>125 CARLILE CIRCLE</b>  |
| CITY-ST-ZIP   | <b>PALM HARBOR FL 34683</b>  |
| 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: *HEISWATER* **HEISWATER** **MAY 25 03** **727-789-0408**

CR2E037 (10/02)