

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90027 030 ****61.25

DOCUMENT # N31261

1. Entity Name

JEWISH BUSINESS AND PROFESSIONAL ASSOCIATION, IN

Principal Place of Business

Mailing Address

**6237 PRESIDENTIAL CT
 E
 FT MYERS FL 33919
 US**

**6237 PRESIDENTIAL CT
 E
 FT. MYERS FL 33919-3508
 US**

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

65-0015843

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

**ANNETTE GOODMAN
 6237 PRESIDENTIAL CT. #E
 FT. MYERS FL 33919**

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 is typed or printed name 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	ED	<input type="checkbox"/> Delete
NAME	GOODMAN, ANNETTE	
STREET ADDRESS	9891 LAS CASAS DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHOELFELD, LESLIE	
STREET ADDRESS	15461 QUEENSFERRY DR.	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMON, RONALD	
STREET ADDRESS	1342 COLONIAL BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESKIN, HAROLD	
STREET ADDRESS	4020 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 address, with authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNETTE S.

**GOODMAN
 EXEC DIRECTOR**

3/1/00

Date

941-841-4449

Daytime Phone #

CR2E037 (9/99)