

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N31261

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

**Entity Name:** JEWISH BUSINESS AND PROFESSIONAL ASSOCIATION, INC.

**Current Principal Place of Business:**

6237 PRESIDENTIAL CT  
E  
FT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

6237 PRESIDENTIAL CT  
E  
FT. MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 65-0015843      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: GOODMAN, ANNETTE  
Address: 9891 LAS CASAS DRIVE  
City-St-Zip: FT. MYERS, FL

Title: SD ( ) Delete  
Name: SHOELFELD, LESLIE,  
Address: 15461 QUEENSFERRY DR.  
City-St-Zip: FT. MYERS, FL 33912

Title: TD ( ) Delete  
Name: SIMON, RONALD,  
Address: 1342 COLONIAL BLVD.  
City-St-Zip: FT. MYERS, FL 33907

Title: D ( ) Delete  
Name: ESKIN, HAROLD,  
Address: 4020 DEL PRADO BLVD.  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ED (X) Change ( ) Addition  
Name: GOODMAN, ANNETTE  
Address: 9891 LAS CASAS DRIVE  
City-St-Zip: FT. MYERS, FL 33919

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE S. GOODMAN

ED

04/23/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date