

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90049 049 ****61.25

DOCUMENT # N32543

1. Entity Name

FLORIDA HOLOCAUST MUSEUM, INC.



Principal Place of Business

**55 5TH STREET SOUTH
SAINT PETERSBURG FL 33701**

Mailing Address

**55 5TH STREET SOUTH
SAINT PETERSBURG FL 33701**

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 **59-2981494**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

22004951



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNYDER, D JAY
6529 CENTRAL AVENUE
SAINT PETERSBURG FL 33710**

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. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Delete
NAME	LOEBENBERG, WALTER	
STREET ADDRESS	6529 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	EPSTEIN, AMY	
STREET ADDRESS	55 5TH STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MARTIN, PAUL	
STREET ADDRESS	55 5TH STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOFTUS, JOHN	
STREET ADDRESS	55 5TH STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMON, GEOFFREY	
STREET ADDRESS	55 5TH STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHICK, LISL	
STREET ADDRESS	55 5TH STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcus Greene	
STREET ADDRESS	55 5th St S	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simon, Geoffrey	
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:

Signature of Walter Loebenberg

2/4/03

727-820-0100

CR2E037 (10/02)