

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90327 036 \*\*\*\*61.25

**DOCUMENT # N41219**

1. Entity Name

**CHABAD LUBAVITCH OF SARASOTA AND MANATEE COUNTIE**

Principal Place of Business

7700 SOUTH BENEVA RD  
 SARASOTA FL 34238  
 US

Mailing Address

7700 SOUTH BENEVA RD  
 SARASOTA FL 34238  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0234425**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRYBAUSKAS, NYJOLA S.**  
**3631 FIFTH AVE. N.**  
**ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	STEIN, BARRY	7625 KAPOK DRIVE	SARASOTA FL	<input type="checkbox"/>
D	WEINSTEIN, MORRIS	4351 CAROLANN RD.	SARASOTA FL	<input checked="" type="checkbox"/>
DT	TUDIN, RONNI	5741 BENT OAK DRIVE	SARASOTA FL	<input checked="" type="checkbox"/>
D	STEINMETZ, CHAIM	3100 BISPAM RD	SARASOTA FL 34231	<input checked="" type="checkbox"/>
D	SACHAROW, LEON	2330 RIVERBLUFF PKWY	SARASOTA FL 34231	<input type="checkbox"/>
DS	STEINMETZ, SARA	3100 BISPAM RD	SARASOTA FL 34231	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	WEINSTEIN MORRIS	3713 TORREY PINES BLVD.	SARASOTA, FL 34233	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D.	TUDIN RONNI	5123 TIMBER CHASE WAY	SARASOTA, FL 34238	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	STEINMETZ CHAIM	2428 DOUD ST.	SARASOTA, FL 34231	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/S	STEINMETZ SARA	2428 DOUD ST.	SARASOTA, FL 34231	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/T	ROSEN HOWARD	3940 TORREY PINES BLVD.	SARASOTA, FL 34238	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	KLAFTER SAMUEL	8407 GREY OAKS AVE.	SARASOTA, FL 34238	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

**CHAIM STEINMETZ DIRECTOR 4/23/01 (941) 925-0770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)