

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N46265

1. Entity Name

THE DR. EARL JOINER HOLOCAUST MEMORIAL COUNCIL,

Principal Place of Business

600 N BOUNDARY AVE UNIT #110-A
DELAND FL 32720
US

Mailing Address

P.O. BOX 4045
DELAND FL 32721-4045
US

2. Principal Place of Business

1177 Shady Oak Ln

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deland FL

City & State

Zip

32720

Country

Volusia

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEILHEIMER, DIANE
1177 SHADY OAK LN.
DELAND FL 32720

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

Diane Weilheimer

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 DT ☐ Delete
NAME WEILHEIMER, DIANE
STREET ADDRESS 1177 SHADY OAK LN
CITY-ST-ZIP DELAND FL 32720

TITLE S ☐ Delete
NAME MARRIMAR, EDITH
STREET ADDRESS 1124 N. OLD MILL DR.
CITY-ST-ZIP DELTONA FL 32725

TITLE P ☐ Delete
NAME MULKEY, ROBERT DIR.
STREET ADDRESS 1030 W. TORCHWOOD DR.
CITY-ST-ZIP DELAND FL 32724

TITLE CP ☐ Delete
NAME SHAPIRO, BLANCHE DIR.
STREET ADDRESS P.O. BOX 25
CITY-ST-ZIP DELAND FL 32721

TITLE ☒ Delete
NAME CHOOS, REGENE
STREET ADDRESS 835 W NEW YORK AVE
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE D ☐ Delete
NAME TROWBRIDGE, JOHN H T
STREET ADDRESS 150 N STARK AVE
CITY-ST-ZIP ORANGE CITY FL 32763

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME TRESURER
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME SECRET
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME DIRECTOR
STREET ADDRESS PRES.
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME DIRECTOR
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME DIRECTOR
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:

Diane Weilheimer REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/00

Date

904 786-8751

Daytime Phone #

CR2E037 (9/99)

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-30-2000 90059 002 ****61.25

DO NOT WRITE IN THIS SPACE