

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 26, 2001 08:00 AM****Secretary of State****DOCUMENT # N49095****1. Entity Name**UNIVERSITY SECTION, NATIONAL COUNCIL OF JEWISH WOMEN,
INC.**Principal Place of Business****Mailing Address**

11062 NW 15TH STREET

11062 NW 15TH STREET

CORAL SPRINGS FL
33071 USCORAL SPRINGS FL
33071 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**65-0269929**

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**HOCH ROBIN
11062 NW 15TH STREETCORAL SPRINGS FL
33071 US

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 **AMANDA HOROWITZ****07/26/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS RHONDA		NAME	SOLITT JANET	
STREET ADDRESS	1053 NW 121ST WAY		STREET ADDRESS	6531 NW 98 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCH ROBIN		NAME	HOROWITZ AMANDA	
STREET ADDRESS	11062 NW 15TH STREET		STREET ADDRESS	1613 NW 102ND WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETIGROW JENNIFER		NAME		
STREET ADDRESS	653 NW 110TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABER ALISON		NAME	HABER ALISON	
STREET ADDRESS	1801 NW 126TH WAY		STREET ADDRESS	1801 NW 126TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: AMANDA HOROWITZ****T****07/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)