

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003707

1. Entity Name

JEWISH COMMUNITY CENTER OF CAPE CORAL INC

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90019 026 ****61.25

Principal Place of Business

3820 S.E. 2ND PL.
 CAPE CORAL FL 33904

Mailing Address

3820 S.E. 2ND PL.
 CAPE CORAL FL 33904-4815

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0610063

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZWERDLING, MURRAY
3820 S.E. 2ND PL.
CAPE CORAL FL 33904

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZWERDLING, MURRAY	
STREET ADDRESS	3820 SE 2ND PL	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GERSHBERG, HELEN	
STREET ADDRESS	2010 SE 12TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WELLS, ALICE	
STREET ADDRESS	2022 SE 14TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHWAM, MADELINE	
STREET ADDRESS	1326 SE 23RD AVE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	T	<input type="checkbox"/> Delete
NAME	LESTER, LOUISE	
STREET ADDRESS	221 SE 44TH ST.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	T	<input type="checkbox"/> Delete
NAME	LESTER, GEORGE	
STREET ADDRESS	221 SE 44TH ST.	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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: MURRAY ZWERDLING *Murray Zwerdling* 1-7-00 941-542-8721
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #