

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004230

1. Entity Name

JACKSONVILLE JEWISH FOUNDATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90096 034 ****61.25

Principal Place of Business

Mailing Address

4131 SUNBEAM RD
275
JAX FL 32247
US

4131 SUNBEAM RD
275
JAX FL 32257-6027
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

59-3343214

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

SCHNEIDER, MICHAEL N
~~4245 SOUTHPOINT BLVD., STE. 100~~
JACKSONVILLE FL ~~32210~~

Name

Street Address (P.O. Box Number is Not Acceptable)

5150 Belfort Rd S.

City

Jacksonville

FL

Zip Code

32256

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

TITILE ☐ Delete
NAME DONZINGER, MICHAEL
STREET ADDRESS 8505 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32217

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

TITILE ☐ Delete
NAME SCHNEIDER, MICHAEL
STREET ADDRESS 11560 HIDDEN HARBOR WAY
CITY-ST-ZIP JACKSONVILLE FL 32217

TITILE ☒ Change ☐ Addition
NAME Schneider, Michael
STREET ADDRESS 5150 Belfort Rd S
CITY-ST-ZIP Jacksonville FL 32256

TITILE ☐ Delete
NAME PRESSER, NEIL
STREET ADDRESS 8505 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32217

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

TITILE ☐ Delete
NAME SNORSTEIN, MARK
STREET ADDRESS 11045 RIVERPORT CT
CITY-ST-ZIP JACKSONVILLE FL 32223

TITILE ☒ Change ☐ Addition
NAME Shorstein, Mark
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME GOHLIEB, MEL
STREET ADDRESS 4131 SUNBEAM RD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITILE ☒ Change ☐ Addition
NAME Gohlieb, Mel
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME PRESSER, NEIL
STREET ADDRESS P.O. BOX 550507 Same
CITY-ST-ZIP JACKSONVILLE FL 32255

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS Po Box 550507
CITY-ST-ZIP Jacksonville FL 32255

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:

Executive Director

4/18/00

394-0720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)