

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90042 004 ****70.00

DOCUMENT # N95000004230

1. Entity Name

JACKSONVILLE JEWISH FOUNDATION, INC.

Principal Place of Business

**4131 SUNBEAM RD
275
JAX FL 32247
US**

Mailing Address

**4131 SUNBEAM RD
275
JAX FL 32257
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32257

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
5150 BELFORT RD. S.
JACKSONVILLE FL 32256**

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

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

TITLE ☐ Delete
NAME **SCHNEIDER, MICHAEL**
STREET ADDRESS **5150 BELFORT RD. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE ☐ Delete
NAME **SHORSTEIN, MARK**
STREET ADDRESS **11045 RIVERPORT CT**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

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

TITLE ☐ Delete
NAME **GOTTLIEB, MEL**
STREET ADDRESS **4131 SUNBEAM RD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE ☐ Delete
NAME **PRESSER, NEIL**
STREET ADDRESS **P.O. BOX 550507**
CITY-ST-ZIP **JACKSONVILLE FL 32253**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1845 Colwood Court**
CITY-ST-ZIP **Jacksonville FL 32217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Executive Director**
STREET ADDRESS **Paulette Keifer**
CITY-ST-ZIP **4131 Sunbeam Rd Ste 275**
Jacksonville FL 32257

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:

Paulette M. Keifer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02
Date

904-394-0720
Daytime Phone #

CR2E037 (9/01)