## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED May 03, 2001 8:00 am<sup>2</sup> Secretary of State DOCUMENT # N9500005122 INTERNATIONAL HOLOCAUST EDUCATIONAL CENTER, INC. 05-03-2001 91126 024 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O DJ SNYDER 6529 CENTRAL AVENUE ひひひなひひるる 401 E JACKSON ST SAINT PETERSBURG FL 33710 **TAMPA FL 33602** 2. Principal Place of Business 3. Mailing Address c/o D. Jay <u>Snyder</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 6529 Central Avenue City & State City & State 4. FEI Number Applied For 59-3353143 Petersburg Not Applicable TЧ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 33710 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>D. Jay Snyder</u> Street Address (P.O. Box Number is Not Acceptable) SNYDER, D J 6529 Central Avenue 100 2ND AVE S 4TH FLOOR NORTH TOWER City Zip Code ST PETERSBURG FL 33701 St Petersburg, 33710 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. D. Jay Snyder 04/25/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE - Change ☐ Addition DAVID. LOEBENBERG Loebenberg, David NAME NAME STREET ADDRESS 6529 CENTRAL AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 TITLE ☐ Delete Addition TITLE Change D WERLY, AL-NAME NAME 6529 CENTRAL AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP ST. PETERSBURG FL 33710 TITLE ☐ Defete TITLE X Change Addition Т MIZRAHI, RALPH NAME NAME STREET ADDRESS 6529 CENTRAL AVENUE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33710 CITY-ST-7IP TITLE TITLE Delete ☐ Change ★ Addition LOEBENBERG, WALTER P NAME Snyder, D. Jay NAME STREET ADDRESS 6529 CENTRAL AVENUE STREET ADDRESS 6529 Central Avenue CITY-ST-ZIP ST. PETERSBURG FL 33710 CITY-ST-ZIP <u>St. Petersburg, FL 33710</u> TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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. Jay Snyder, SIGNATURE:

SIGNATURE AND TOPE OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIrector

04/25/01

727-347-8900