

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90033 022 \*\*\*\*61.25

0088875

**DOCUMENT # N95000006042**

1. Entity Name

**AMERICAN FRIENDS OF RELIGIOUS FREEDOM IN ISRAEL**

Principal Place of Business

Mailing Address

C/O MR. NEWTON PRESS  
 18 FURBISH AVE.  
 NEWTON MA 02465-02465  
 US

C/O MR. NEWTON PRESS  
 18 FURBISH AVE.  
 NEWTON MA 02465-02465  
 US

**701579**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-1475367**

Applied For

Not Applicable

✓ Zip **02465**

Country

Zip **02465**

Country

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

ULLMAN, SAMUEL C  
 200 S. BISCAYNE BLVD., STE. 4000  
 MIAMI FL 33131

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 SHUVAL, HILLEL PROF.  
 C/O N. PRESS, 18 FURBISH AVE.  
 NEWTON MA 02165 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DIRECTOR TREASURER  
 NEWTON PRESS  
 18 FURBISH AVE.  
 W. NEWTON, MA 02465 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 GORDIS, DAVID DR.  
 43 HAINES ST.  
 BROOKLINE MA ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DIRECTOR  
 PROFESSOR LEON SICK  
 202 B ALLANDALE RD.  
 BROOKLINE 02445-47 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DS  
 GREEN, DOROTHY U DR.  
 26 MYRTLE ST.  
 BOSTON MA 02130 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DIRECTOR  
 RABBI SHERWIN WINE  
 28611 WEST TWELVE MILE RD.  
 FRANKLIN HILLS MI 48334 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 HIRSCH, RABBI AMI  
 838 FIFTH AVE.  
 NEW YORK NY ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DIRECTOR  
 PROFESSOR SHULAMIT REINHARZ  
 66 BEAUMONT AVE.  
 NEWTON, MA 02460 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 BENT, MIRIAM  
 2440 VIA LAZO  
 PALM SPRINGS CA 92264 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 PRESS, AIDA  
 18 FURBISH  
 WALTHAM MA 02165 ☐ Delete

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

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: Newton Press Treasurer 1/7/2001 781-890-0050  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)