2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 31, 2000 8:00 am Secretary of State DOCUMENT # N9700003412 1. Entity Name JEWISH COMMUNITY CENTER OF PINE ISLAND SOUND, IN 08-31-2000 90007 044 ****61 25 Principal Place of Business Mailing Address 5016 CURLEW DRIVE 5016 CURLEW DRIVE ST JAMES CITY FL 33956 ST JAMES CITY FL 33956 ロロロロをひりょ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0771612 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STONE, MALCOLM 5016 CURLEW DR P O BOX 33 Zip Code City ST JAMES CITY FL 33956 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. lus. 29. 2000 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW: FEE IS \$61.25** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE STONE, MALCOM NAME STREET ADDRESS 5016 CURLEW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST JAMES CITY FL 33956 ☐ Change ■ Addition ☐ Delete TITLE TITLE HORVITZ, RUTH NAME STREET ADDRESS 7280 LADY FISH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST JAMES CITY FL 33956 ☐ Change ☐ Addition TITLE TITLE ☐ Delete GREEN, JOSEPH NAME NAME STREET ADDRESS 15761 TREASURE LN STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33905-2440 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z(P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. If hereby certify that the information supplied with this filling 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 ps 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 exercise of the corporation or the exercise of the corporation of the corporation of the corporation of the corporation of the exercise of the

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changed, or on an atta