2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700003412

200	2 UNIFORM BUS	FILED							
DOCUMENT # N9700003412 1. Entity Name JEWISH COMMUNITY CENTER OF PINE ISLAND SOUND, IN C.					May 06, 2002 8:00 am Secretary of State 05-06-2002 90029 045 ****61.25				
Principal Plac	ce of Business	Mailing Address			1				
5016 CURLEW DRIVE		5016 CURLEW DRIVE							
ST-JAMES CIT		ST-JAMES CITY FL 33956			= ====================================		\sim_{κ}		
2. Principal Place of Business		3. Mailing Address				[]]			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE			
City & State		City & State			4. FEI Number 6!	5-0771612	⊢	oplied For	
Zip	Country	Zip	Country		5. Certificate of St		\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	l		7. Name and Add	ress of New Registe	· · · · · · · · · · · · · · · · · · ·	su .	
			Na	me		· · · · · · · · · · · · · · · · · · ·			
STONE, MALCOLM				Street Address (P.O. Box Number is Not Acceptable)					
5016 CURLEW DR									
P O BOX 33							i		
ST JAMES	S CITY FL 33956		City	у			FL /Zip Cod	le	
	MALCOLM Soo. Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Agent		d when reinstating)		ATE Pavable	to	
	FILE NOW: FEE IS \$61.25	Trust Fund C	Contribution.		Added to Fees		lment of State		_
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANGI	ES TO OFFICERS AN	D DIRECTORS IN	1 10	
TITLE	D	☐ Delete	TITLE				Change	Addition	(9/01)
NAME	STONE, MALCOM		NAME					I .	
STREET ADDRESS	5016 CURLEW DR ST JAMES CITY FL 33956		STREET ADDA];	8
	DS	□ Delete	TITLE				☐ Change	Addition 6	CR2E037
T(TLE NAME	HORVITZ, RUTH	L Delete	NAME				□ Change	LI ADDITION	J
STREET ADDRESS	7280 LADY FISH		STREET ADDR	RESS				}	
CITY-ST-ZIP	ST JAMES CITY FL 33956		CITY-ST-ZIP	·					
TITLE	D Green, Joseph	☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS	15761 TREASURE LN		name Street adde	RESS				l	
CITY-ST-ZIP	FT MYERS FL 33905-2440		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDR			. 1			
TITLE		☐ Delete	TITLE	1		•	. Change	Addition	
NAME		LT Delete	NAME				□ Guanye	∸ varinon	
STREET ADDRESS		·	STREET ADDR					{	
CITY-ST-ZIP			CITY-ST-ZIP	·					
TITLE		☐ Delete	TITLE				Change	☐ Addition	

12. I 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 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 enjoyees.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP