

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90108 008 \*\*\*\*61.25

**DOCUMENT # N98000003619**

1. Entity Name

**THE SWING AND JAZZ PRESERVATION SOCIETY OF FLORIDA, INC.**



Principal Place of Business

**7808 CORAL LAKE DRIVE  
DELRAY BEACH FL 33446**

Mailing Address

**7808 CORAL LAKE DR.  
DELRAY BEACH FL 33446**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0846865**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZERAH, RENE  
7808 CORAL LAKE DRIVE  
DELRAY BEACH FL 33446**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **BERMAN, HOAWRD**  
STREET ADDRESS **11464 VIA ROY AVENUE**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

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

TITLE **D** ☐ Delete  
NAME **KOENSLAY, GERTRUDE**  
STREET ADDRESS **5683 S WAING PALM LANE**  
CITY-ST-ZIP **PALM BEACH FL 33437**

TITLE ☒ Change ☐ Addition  
NAME **KORNBLAU GERTRUDE**  
STREET ADDRESS **5683 SWAYING PALM WAY**  
CITY-ST-ZIP **BOYNTON BEACH FL. 33437**

TITLE **DT** ☐ Delete  
NAME **ATLAS, JERRY**  
STREET ADDRESS **10921 LAKEMORE LN, APT.B**  
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☒ Addition  
NAME **MILES, JACK**  
STREET ADDRESS **7761 SILVERLAKE DR.**  
CITY-ST-ZIP **DELRAY BEACH FL. 33446**

TITLE **PD** ☐ Delete  
NAME **ZERAH, RENE**  
STREET ADDRESS **7808 CORAL LAKE DR.**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☒ Addition  
NAME **NIEREL AL**  
STREET ADDRESS **7790 KIM G HURST DR.**  
CITY-ST-ZIP **DELRAY BEACH FL. 33446**

TITLE **SD** ☐ Delete  
NAME **ALLEN, PAUL**  
STREET ADDRESS **1100 S. OCEAN BLVD., APT.82**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

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

TITLE **D** ☐ Delete  
NAME **KESTENBAUM, MARTIN**  
STREET ADDRESS **10983 HIGHLAND CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Devoice Phone #

CR2E037 (10/02)