

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90138 037 \*\*\*\*61.25

**DOCUMENT # N98000006024**

1. Entity Name

**NAPLES JEWISH CENTER, INC.**

Principal Place of Business

Mailing Address

~~13 LAS BRISAS WAY~~  
 NAPLES FL 34108

~~13 LAS BRISAS WAY~~  
 NAPLES FL 34108-8216

2. Principal Place of Business

**6340 10th AVE S.W.**

3. Mailing Address

**6340 10th AVE S.W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

4. FEI Number

**59-3545039**

Applied For

Not Applicable

Zip

**34116**

Country

**U.S.A.**

Zip

**34116**

Country

**U.S.A.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KAPERN, SAVNORA**  
**1088 GAYLE WAY**  
**MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name **SAUNDRA KAPLAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1088 GAYER WAY**  
 City **MARCO ISLAND** FL Zip Code **34145**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>KAPLAN, ALAN G</b>	
STREET ADDRESS	<del>13 LAS BRISAS WAY</del>	
CITY-ST-ZIP	<del>NAPLES FL 34108</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>FRIEDLAND, SAMUEL</b>	
STREET ADDRESS	<b>13 LAS BRISAS WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>FRIEDLAND, JUDITH</b>	
STREET ADDRESS	<b>13 LAS BRISAS WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>KAPLAN, SAUNDRA</b>	
STREET ADDRESS	<del>13 LAS BRISAS WAY</del>	
CITY-ST-ZIP	<del>NAPLES FL 34108</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1088 GAYER WAY</b>	
CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1088 GAYER WAY</b>	
CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

**ALAN G. KAPLAN, PRES.**

**1/17/2000**

**941-394-0819**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)