

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90020 029 ****61.25

DOCUMENT # N98000006024

1. Entity Name

NAPLES JEWISH CENTER, INC.

Principal Place of Business

Mailing Address

6340 10TH AVE SW
 NAPLES FL 34116

6340 10TH AVE SW
 NAPLES FL 34116

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

59-3545039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



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)

City

FL

Zip Code

BRES
70 EK
K-12
NAPLES FL 34116
 Mr. Gilbert Block
 836 Regency Reserve Dr. Apt. 504
 Naples FL 34119-2343

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: *Gilbert M. Block*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/3/02
 DATE

After September 13, 2002,
min. will be \$236.25.

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 **PD** ☒ Delete
 NAME **BRESNICK, ARNOLD**
 STREET ADDRESS **70 EMERALD WOODS DRIVE K-12**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **Pres** ☒ Change ☒ Addition
 NAME **Mr. Gilbert Block**
 STREET ADDRESS **836 Regency Reserve Dr. Apt. 504**
 CITY-ST-ZIP **Naples FL 34119-2343**

TITLE **VD** ☒ Delete
 NAME **HIEBMAN, PAULETTE**
 STREET ADDRESS **100 MISTY PINES CIRCLE A-102**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE **MURRAY ZBILINGER** ☒ Change ☒ Addition
 NAME **26526 CLARKSTON DR.**
 STREET ADDRESS **BONITA SPRINGS 34135**
 CITY-ST-ZIP

TITLE **SCD** ☐ Delete
 NAME **LICHTERMAN, BARBARA**
 STREET ADDRESS **8468 ADDINGTON CIRCLE APT 2121**
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **TD** ☒ Delete
 NAME **SALK, LOUIS F**
 STREET ADDRESS **7648 OLEANDER CENTER DRIVE**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **TREAS** ☒ Change ☒ Addition
 NAME **MARTIN BUSH**
 STREET ADDRESS **5938 BERMUDA LANE**
 CITY-ST-ZIP **NAPLES 34119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Gilbert M. Block*

7/3/02

239-304-5953

CR2E037 (4/02)