

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90043 020 \*\*\*\*61.25

**DOCUMENT # N98000007304**

1. Entity Name

**PARENT TEACHER ORGANIZATION FOR THE BREVARD JEWI  
SH COMMUNITY SCHOOL, INC.**

Principal Place of Business

**5995 N WICKHAM ROAD  
MELBOURNE FL 32940**

Mailing Address

**5995 N WICKHAM ROAD  
MELBOURNE FL 32940**

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBY, DAVID H  
1581 ROBERT J. CONALN BLVD NE  
SUITE 100  
PALM BAY FL 32905**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **ZIMM, NINA**  
STREET ADDRESS **2085 S. TROPICAL TRAIL**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **PD** ☒ Change ☐ Addition  
NAME **CLIFTON, JULIE**  
STREET ADDRESS **P.O. Box 410377**  
CITY-ST-ZIP **Melbourne FL 32941-0377**

TITLE **SD** ☐ Delete  
NAME **STEMBER, ROBIN**  
STREET ADDRESS **152 ISLAND VIEW DR**  
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Karman, Sindi**  
STREET ADDRESS **528 Oakmont Place**  
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE **TD** ☐ Delete  
NAME **CLIFTON, JULIE**  
STREET ADDRESS **P.O. BOX 410377**  
CITY-ST-ZIP **MELBOURNE FL 32941-0377**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Schneider, Jennifer**  
STREET ADDRESS **4945 Smithfield Rd**  
CITY-ST-ZIP **Melbourne, FL 32934**

TITLE **VD** ☐ Delete  
NAME **JACOBY, DEBRA**  
STREET ADDRESS **1060 STRATFORD PL**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Roe, Cheryl**  
STREET ADDRESS **5078 Alamanda Dr.**  
CITY-ST-ZIP **Melbourne, FL 32940**

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: *Jennifer Schneider*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02

259-6440

CR2E037 (9/01)