

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000001294**

1. Entity Name

**REFORM CONGREGATION OF MANATEE COUNTY, INC.****FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90064 048 \*\*\*\*61.25

Principal Place of Business

**2400 90TH STREET NORTHWEST  
BRADENTON FL 34209**

Mailing Address

**2400 90TH STREET NORTHWEST  
BRADENTON FL 34209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0940925**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, RICHARD  
2400 90TH STREET NORTHWEST  
BRADENTON FL 34209**

7. Name and Address of New Registered Agent

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GREENE, RICHARD</b>	
STREET ADDRESS	<b>2400 90TH STREET NORTHWEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEMER, ELI DR</b>	
STREET ADDRESS	<b>8701 52ND AVENUE EAST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KRAMER, A.J.</b>	
STREET ADDRESS	<b>5205 19TH AVENUE WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lerner</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Stephanie Bonfin</b>	
STREET ADDRESS	<b>2109 60th Dr E Bradenton FL</b>	
CITY-ST-ZIP	<b>34203</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 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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)