

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/1/2003-90780-024-\$61.25-\$61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 JUL 14 PM 5:03

DOCUMENT # N99000007526

1. Entity Name

David Tarsish Torah Chesed Foundation, Inc.



DO NOT WRITE IN THIS SPACE

60025877

2. Principal Place of Business
103 N. Meridian Street

3. Mailing Address
103 N. Meridian Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32301

Country
US

Zip
32301

Country
32301

4. FEI Number
74-2939207

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

103 N. Meridian Street

City
Tallahassee

FL Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
D Goodman, Daniel
STREET ADDRESS
103 N. Meridian Street, Tallahassee, FL 32301
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
D Goodman, Chana Ruth
STREET ADDRESS
103 N. Meridian Street, Tallahassee, FL 32301
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
D Mark Knobel
STREET ADDRESS
1110 NE 169 Terrace
CITY-ST-ZIP
N. Miami Beach, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel Goodman

4/30/2003

305-654-5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)