

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01071

1. Entity Name

B'NAI B'RITH (INCORPORATED)

Principal Place of Business

1640 RHODE ISLAND AVENUE. NW
WASHINGTON DC 20036

Mailing Address

1640 RHODE ISLAND AVENUE. NW
WASHINGTON DC 20036-3278

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BRESSLER, FREDERICK
4300 N UNIVERSITY DR STE F200
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name Michele Sheppard

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

4300 N University Dr. Ste. F200

City Lauderhill

FL

Zip Code 33351

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

Michele Sheppard, Director, B'nai B'rith Gr. Florida Region

(NOTE: Registered Agent signature required when reinstating)

DATE 2/9/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	BAER, TOMMY	
STREET ADDRESS	1640 RHODE ISLAND AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	CLEARFIELD, SIDNEY	
STREET ADDRESS	1640 RHODE ISLAND AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACOBS, ALLAN J	
STREET ADDRESS	590 LONGWOOD DRIVE	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, WARREN DR.	
STREET ADDRESS	116 MILLBURN AVENUE	
CITY-ST-ZIP	MILLBURN NJ 07041	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANK, DANIEL M	
STREET ADDRESS	12805 APRIL LANE	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARGOLIS, EUGENE	
STREET ADDRESS	6504 SPARROW POINT COURT	
CITY-ST-ZIP	MCLENA VA 22101	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard D. Heideman	
STREET ADDRESS	1640 Rhode Island Ave. NW	
CITY-ST-ZIP	Washington, DC 20036	
TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel S. Mariaschin	
STREET ADDRESS	1640 Rhode Island Ave. NW	
CITY-ST-ZIP	Washington, DC 20036	
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	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Sugarman	
STREET ADDRESS	2100 Linwood Avenue #3H	
CITY-ST-ZIP	Fort Lee, NJ 07024	

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

Stanley M. Berman, Director, Fiscal Operations

2/9/00

(202)-857-6522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90112 015 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

53-0179971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)