

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90060 003 \*\*\*150.00

**DOCUMENT # P92000011858**

1. Entity Name  
**JEWISH MEMORIAL SOCIETY, INC.**

Principal Place of Business 111 SKOKIE BLVD WILMETTE IL 60091	Mailing Address 4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **36-3858967** Applied For   
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>WEINSTEIN, JOEL W</b> <b>111 SKOKIE BLVD.</b> <b>WILMETTE IL 60091</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>CUTLER, NORMAN</b> <b>111 SKOKIE BLVD.</b> <b>WILMETTE IL 60091</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WEINSTEIN, MARK</b> <b>111 SKOKIE BLVD</b> <b>WILMETTE IL 60091</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS</b> <b>HYNDMAN, PETER S.</b> <b>4126 NORLAND AVE.</b> <b>BURNABY BC., CANADA V5G 3S8</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WEINSTEIN, ROBERT A.</b> <b>24100 N HWY 45</b> <b>VERNON HILLS IL 60061-3180</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CASHNER, JEFFREY L</b> <b>801 TEAS ROAD</b> <b>CONROE TX 77303</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ATTACHED LIST</b> <b>OF ALL DIRECTORS AND OFFICERS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEEDON, MICHAEL G.</b> <b>4126 NORLAND AVENUE</b> <b>BURNABY, B.C., CANADA V5G 3S8</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3205 WEST DAVIS, SUITE 200A</b> <b>CONROE, TX 77304</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 reports 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an acknowledgment, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
 \_\_\_\_\_ Peter S. Hyndman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2000 (604) 299-9321  
 Date Daytime Phone #

CR2E034 (9/99)

ATTACHED TO AND FORMING PART OF FLORIDA 2000 UNIFORM BUSINESS  
REPORT (UBR) FOR **JEWISH MEMORIAL SOCIETY, INC.:**

Names and Business Addresses of ALL Officers and Directors:

Director: Weedon, Michael G.  
4126 Norland Avenue  
Burnaby, B.C., Canada V5G 3S8

Director, Vice President  
& Assistant Secretary Hyndman, Peter S.  
4126 Norland Avenue  
Burnaby, B.C., Canada V5G 3S8

Chairman: Weinstein, Joel W.  
111 Skokie Blvd.  
Wilmette, IL 60091

President: Weinstein, Robert A.  
24100 North Highway 45  
Vernon Hills, IL 60061-3180

Vice President: Weinstein, Mark  
111 Skokie Blvd.  
Wilmette, IL 60091

Vice President: Grossberg, Arthur  
3201 North 72<sup>nd</sup> Avenue  
Hollywood, FL 33024

Vice President: Kerr, Malcolm P.  
45 South Avenue, Suite 100  
Marietta, GA 30060

Vice President: Cashner, Jeffrey L.  
3205 West Davis, Suite 200A  
Conroe, TX 77304

Vice President: Gilchrist, Sean M.  
3205 West Davis, Suite 200A  
Conroe, TX 77304

Attachment  
D# P92000011858

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Vice President: Hawes, Dwight K.  
4126 Norland Avenue  
Burnaby, B.C., Canada V5G 3S8

Secretary & Treasurer: Hardiman, Joseph T.  
311 Elm Street, Suite 1000  
Cincinnati, OH 45202

Assistant Secretary: Gushulak, Ronald  
3205 West Davis, Suite 200A  
Conroe, TX 77304