

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90103 046 ****61.25

DOCUMENT # 704147

1. Entity Name

THE JEWISH FEDERATION OF GREATER ORLANDO, INC. ✓

Principal Place of Business

Mailing Address

851 N. MAITLAND AVE.
 P.O. BOX 941508
 MAITLAND FL 32794-1508
 US

851 N. MAITLAND AVE.
 P.O. BOX 941508
 MAITLAND FL 32794-1508
 US

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

59-0946923

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEBOFF, ERIC S.
897 AVIARY BAY CIRCLE
LONGWOOD FL 32750

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

T NAME STREET ADDRESS CITY-ST-ZIP	T UDELL, BRUCE 455 LONGMEADOW LN. LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete
VP NAME STREET ADDRESS CITY-ST-ZIP	VP BORNSTEIN, DAVID 609 AVALON BLVD. ORLANDO FL	<input type="checkbox"/> Delete
VD NAME STREET ADDRESS CITY-ST-ZIP	VD KLAIMAN, ALLAN DR. 160 VISTA OAK DR. LONGWOOD FL 32779	<input type="checkbox"/> Delete
P NAME STREET ADDRESS CITY-ST-ZIP	P GRODIN, JAMES 207 SMOKERISE BLVD LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete
VP NAME STREET ADDRESS CITY-ST-ZIP	VP ABRAMSON, MARK 121 SHELL POINT WEST MAITLAND FL	<input checked="" type="checkbox"/> Delete
D NAME STREET ADDRESS CITY-ST-ZIP	D GEBOFF, ERIC S. 897 AVIARY BAY CIRCLE LONGWOOD FL	<input type="checkbox"/> Delete

T NAME STREET ADDRESS CITY-ST-ZIP	T KATZEN, HARRY 121 STONEHILL DRIVE MAITLAND, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME STREET ADDRESS CITY-ST-ZIP	VD FUCHS, ROSALIND 956 STONEWOOD LANE MAITLAND, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VD NAME STREET ADDRESS CITY-ST-ZIP	VD CRASNOW, NEAL 132 STONEHILL DRIVE MAITLAND, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

7/21/00

407-645-5933

Date

Daytime Phone #