

8/8/01-90002-02

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 31, 2001 8:00 am Secretary of State

08-08-2001 90002 029 ****61.25

DOCUMENT # 704147

1. Entity Name

THE JEWISH FEDERATION OF GREATER ORLANDO, INC.

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0946923

Applied For Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEBOFF, ERIC S. 897 AVARY 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's signature required when releasing)

DATE

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25

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

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include KATZEN, HARRY; BORNSTEIN, DAVID; KLAIMAN, ALLAN DR.; FUCHS, ROSALIND; CRASNON, NEAL; GEBOFF, ERIC S.

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include STEVEN KANE; 1107 SHADY RAIN LANE; D; D.

CR2637 (5/01)

Handwritten signature and date: 8/25/2001

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, 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] SIGNATURE REQUIRED

Date: 8/31/01 Daytime Phone #: 407 246-5933