

FILED
Oct 01, 2002 8:00 am
Secretary of State

08-29-2002 90083 013 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 708719**

1. Entity Name

TEMPLE ISRAEL OF BREVARD COUNTY, INC.

Principal Place of Business

7350 LAKE ANDREW DRIVE
MELBOURNE FL 32940
US

Mailing Address

7350 LAKE ANDREW DRIVE
MELBOURNE FL 32940
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 **59-1061563**

Applied For

Not Applicable

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

GREENFIELD, HARRY**800 E MERRITT ISLAND CAUSEWAY****SUITE 202****MERRITT ISLAND FL 32832**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
1VD	INVENTASCH, HARVEY	7350 LAKE ANDREW DR	MELBOURNE FL 32940

☒ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	TABACK, MONTE	7350 LAKE ANDREW DRIVE	MELBOURNE FL 32940

☒ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DVP	KATZIN, LOIS	7350 LAKE ANDREW DRIVE	MELBOURNE FL 32940

☒ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TD	SHEIN, DAVID	7350 LAKE ANDREW DRIVE	MELBOURNE FL 32940

☒ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

☐ Delete**11.**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	Burt Podnos - D	7350 Lake Andrew Dr.	Melbourne, FL 32940

IN 10

☒ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	Carol Miles - D	7350 Lake Andrew Dr.	Melbourne, FL 32940

IN 10

☒ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	1st Vice President	7350 Lake Andrew Dr.	Melbourne, FL 32940

IN 10

☒ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	Debra Young - D	7350 Lake Andrew Dr.	Melbourne, FL 32940

IN 10

☒ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	2nd Vice President	7350 Lake Andrew Dr.	Melbourne, FL 32940

IN 10

☒ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	Gail Ellis - D	7350 Lake Andrew Dr.	Melbourne, FL 32940

IN 10

☒ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	Treasurer	7350 Lake Andrew Dr.	Melbourne, FL 32940

IN 10

☒ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

IN 10

☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

IN 10

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Treasurer - 8/23/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #