

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-25-2000 90098 033 ****61.25

DOCUMENT # 735325

1. Entity Name

THE RECONSTRUCTIONIST SYNAGOGUE, INC.

Principal Place of Business

Mailing Address

11301 WEST BROWARD BLVD
 PLANTATION FL 33325

11301 WEST BROWARD BLVD
 PLANTATION FL 33325-2521

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

59-1689889

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

HOLSTEIN, GERALD CPA
8320 W SUNRISE BLVD
STE 108
PLANTATION FL 33322

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	
TITLE	FSD	<input checked="" type="checkbox"/> Delete
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Goldman	
STREET ADDRESS	521 S.W. 7 Avenue	
CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Gladstein	
STREET ADDRESS	11079 Nashville Drive	
CITY-ST-ZIP	Cooper City, FL 33026	
TITLE	FSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Kirschner	
STREET ADDRESS	471 Lexington Ave	
CITY-ST-ZIP	Davie, FL 33325	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Jackowitz	
STREET ADDRESS	7045 Golf Pointe Circle	
CITY-ST-ZIP	Tamarac, FL 33321	
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		

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.

DAVID JACKOWITZ

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date: 1/15/00 954-472-3600
 Daytime Phone #