

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749576

1. Entity Name

TEMPLE SINAI OF PALM BEACH COUNTY, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90002 007 \*\*\*\*61.25

Principal Place of Business  
2475 W ATLANTIC AVE  
DELRAY BCH FL 33445

Mailing Address  
2475 W ATLANTIC AVE  
DELRAY BCH FL 33445-4425

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1883710**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARONSON, CAROLE  
102 N SWINTON AVE  
DELRAY FL 33444

7. Name and Address of New Registered Agent

Name **Donald Skolnick**  
Street Address (P.O. Box Number is Not Acceptable)  
**3301 South Ocean Blvd.**  
Apt. 1004  
City **Highland Beach** **FL** Zip Code **33487**

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 *Donald J. Skolnick* 3/6/00  
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 |                                                                              |
|----------------------------|--------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input checked="" type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>SIET, MORTON J</b>                      | NAME                                                  | <b>MARTHA BERNARD</b>                                                        |
| STREET ADDRESS             | <b>7006 HUNTINGTON LANE, APT 208</b>       | STREET ADDRESS                                        | <b>6394 LA SALLE DRIVE</b>                                                   |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL 33446</b>               | CITY-ST-ZIP                                           | <b>DELRAY BEACH, FL 33445</b>                                                |
| TITLE                      | <input checked="" type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>BERNARD, MARTHA</b>                     | NAME                                                  | <b>EXECUTIVE VICE PRESIDENT</b>                                              |
| STREET ADDRESS             | <b>6394 LA SALLE DRIVE</b>                 | STREET ADDRESS                                        | <b>LEON ROSENFELD</b>                                                        |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL 33484</b>               | CITY-ST-ZIP                                           | <b>6157 OLD COURT ROAD</b>                                                   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SKOLNICK, DONALD</b>                    | NAME                                                  | <b>BOCA RATON, FL 33433</b>                                                  |
| STREET ADDRESS             | <b>3301 SOUTH OCEAN BLVD., APT. 1004</b>   | STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                | <b>HIGHLAND BEACH FL 33487</b>             | CITY-ST-ZIP                                           |                                                                              |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>DANZIG, MEYER</b>                       | NAME                                                  |                                                                              |
| STREET ADDRESS             | <b>1051 ORANGE TERRACE, APT. 101</b>       | STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL 33445</b>               | CITY-ST-ZIP                                           |                                                                              |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ROSENBLUM, LESTER</b>                   | NAME                                                  |                                                                              |
| STREET ADDRESS             | <b>2117 NW 12TH STREET</b>                 | STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL 33445</b>               | CITY-ST-ZIP                                           |                                                                              |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | NAME                                                  |                                                                              |
| STREET ADDRESS             |                                            | STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                |                                            | 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.

SIGNATURE: *Donald J. Skolnick* 3/6/00 276-6161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**DONALD J. SKOLNICK** **561-243-1362**

CR2E037 (9/99)