

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90400 050 ****61.25

DOCUMENT # 767513

1. Entity Name
 LIBERAL JEWISH TEMPLE OF COCONUT CREEK, INC.

Principal Place of Business 3950 COCONUT CREEK PWAY
 COCONUT CREEK FL 33066

Mailing Address P.O. Box 934384
 MARGATE FL 33093-4384

2. Principal Place of Business 3950 COCONUT CREEK PWAY
 Suite, Apt. #, etc.

3. Mailing Address P.O. Box 934384
 Suite, Apt. #, etc.

00050131

DO NOT WRITE IN THIS SPACE

City & State COCONUT CREEK FL

City & State MARGATE FL

4. FEI Number 59-2153135

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

6. Name and Address of Current Registered Agent
 IRVING HERSCHBEIN
 4133 CARAMBOLA CIRCLE SOUTH G-104
 COCONUT CREEK, FL 33066

7. Name and Address of New Registered Agent
 Name IRVING HERSCHBEIN
 Street Address (P.O. Box Number is Not Acceptable)
 4133 CARAMBOLA CIRCLE SOUTH - G.104
 City COCONUT CREEK FL Zip Code 33066

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	
TITLE PRESIDENT <input type="checkbox"/> Delete	NAME JEANETTE ROSENBERG	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3302 ARUBA WAY - K-2	CITY-ST-ZIP COCONUT CREEK - FL 33066	STREET ADDRESS	CITY-ST-ZIP
TITLE VICE PRESIDENT <input type="checkbox"/> Delete	NAME RUTH SCHWARTZ BAUM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3203 PORTOFINO POINT D-2	CITY-ST-ZIP COCONUT CREEK FL 33066	STREET ADDRESS	CITY-ST-ZIP
TITLE VICE PRESIDENT <input type="checkbox"/> Delete	NAME FRANCES LEE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1601 ABACO DRIVE J-7	CITY-ST-ZIP COCONUT CREEK FL 33066	STREET ADDRESS	CITY-ST-ZIP
TITLE RECORDING SECRETARY <input type="checkbox"/> Delete	NAME LILA ASEN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3302 ARUBA WAY - A-4	CITY-ST-ZIP COCONUT CREEK, FL 33066	STREET ADDRESS	CITY-ST-ZIP
TITLE FINANCIAL SECRETARY <input type="checkbox"/> Delete	NAME ETHEL ROCHESTER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2201 LUCAYA BEND C-3	CITY-ST-ZIP COCONUT CREEK, FL 33066	STREET ADDRESS	CITY-ST-ZIP
TITLE TREASURER <input type="checkbox"/> Delete	NAME IRVING HERSCHBEIN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4133 CARAMBOLA CIR. SO. G-104	CITY-ST-ZIP COCONUT CREEK FL 33066	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.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-01 **954-977-9789**
 Date Daytime Phone #

CR2E037 (11/00)