

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/26/00-90009-005-\$61.25-\$61.25

**DOCUMENT # 768510**

1. Entity Name

**TEMPLE BETH EL ISRAEL, INC.**

Principal Place of Business

Mailing Address

551 S.W. BETHANY DRIVE  
PORT ST LUCIE FL 34966  
US

551 S.W. BETHANY DRIVE  
PORT ST LUCIE FL 34966-2160  
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

**59-0966647**

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

**HARRIS, WILBUR**  
2241 SW STARLING DR  
PALM CITY FL 34990

Name **GARY OXMAN**

Street Address (P.O. Box Number is Not Acceptable)

~~2283 SE BRACKENRIDGE CIRCLE~~

City **PORT ST. LUCIE**

**FL**

Zip Code **34952**

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

**GARY OXMAN, PRESIDENT**

**2/13/00**

**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 **D**  Delete  
NAME **FRIEDMAN, EDWARD**  
STREET ADDRESS **1215 BENT PINE COVE**  
CITY-ST-ZIP **PT ST LUCIE FL 34986**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **SCHACTER, MARTIN**  
STREET ADDRESS **2375 SW WILD OAK WAY**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D**  Change  Addition  
NAME **MIRIAM CASSEL VP**  
STREET ADDRESS **715 SW ST. VINCENT COVE**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

TITLE **D**  Delete  
NAME **HARRIS, SADYE**  
STREET ADDRESS **2241 SW STARLING DR**  
CITY-ST-ZIP **PALM CITY FL**

TITLE **D**  Change  Addition  
NAME **JEROME GORDON VP**  
STREET ADDRESS **2844 SW BRIGHTON WAY**  
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **P**  Delete  
NAME **HARRIS, WILBUR**  
STREET ADDRESS **2241 SW STARLING DR**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D**  Change  Addition  
NAME **PRESIDENT**  
STREET ADDRESS **GARY OXMAN**  
CITY-ST-ZIP **2283 SE BRACKENRIDGE CIRCLE**  
**PORT ST. LUCIE, FL 34952**

TITLE **T**  Delete  
NAME **PIERCE, DONNA**  
STREET ADDRESS **574 N.W. CORTINA LANE**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **DEGNAN, FRANCES**  
STREET ADDRESS **110 SE CROSSPOINT RD**  
CITY-ST-ZIP **PT ST LUCIE FL 34983**

TITLE **D**  Change  Addition  
NAME **SECRETARY**  
STREET ADDRESS **DOROTHY JANIN**  
CITY-ST-ZIP **568 NW CORTINA LANE**  
**PORT ST. LUCIE, FL 34986** **LS**

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:

*Donna L Pierce*

**DONNA L PIERCE**

**2/13/00**

**2424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

**00 MAR 15 PM 2:08**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)