

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90099 008 ****61.25

DOCUMENT # 769564

1. Entity Name

TEMPLE BETH TIKVAH OF GREENACRES, INC.

Principal Place of Business

Mailing Address

4550 JOG RD.
LAKE WORTH FL 33467-4160

4550 JOG RD.
LAKE WORTH FL 33467-4160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2286877

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SINGER, LEONARD
1530 N. FEDERAL HWY
LAKE WORTH FL 33460

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD KRAUSE, LEON**
 STREET ADDRESS **4702 FOUNTAIN DRIVE SO. #403**
 CITY-ST-ZIP **LAKEWORTH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP ITKIN, SAM**
 STREET ADDRESS **2638 GATELY DR E #104**
 CITY-ST-ZIP **WEST PALM BCH FL 33415**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **FS MILROD, HELEN**
 STREET ADDRESS **8215 WHITEWOOD COVE E.**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD POLLACK, LENNY**
 STREET ADDRESS **8730 ROTHBURY LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD MELTZER, LOUIS**
 STREET ADDRESS **6989 QUINCE LANE**
 CITY-ST-ZIP **BOYNTON BCH FL 33437**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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.

SIGNATURE

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000
 Date

561-967-3600
 Daytime Phone #

CR2E037 (9/99)