

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90076 024 \*\*\*\*61.25

**DOCUMENT # N03102**

1. Entity Name

**CONGREGATION B'NAI ISRAEL OF BOCA RATON, INC.**

Principal Place of Business

**2200 YAMATO ROAD  
BOCA RATON FL 33431-4325**

Mailing Address

**2200 YAMATO ROAD  
BOCA RATON FL 33431-4325**

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

**59-2422860**

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

**WEINTRAUB  
WUNTRAUB, PETER  
21146 SHADY VISTA LANE  
BOCA RATON FL 33428**

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 **S. MICHAEL**  
STREET ADDRESS **MICHEL, MEDDOFF**  
CITY-ST-ZIP **22842 ELDORADO DRIVE  
BOCA RATON FL 33433**

TITLE ☐ Change ☒ Addition  
NAME **TO MICHAEL Richter**  
STREET ADDRESS **17168 Newport Club DR**  
CITY-ST-ZIP **Boca Raton FL 33496**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **WEINTRAUB, PETER**  
CITY-ST-ZIP **21146 SHADY VISTA LANE  
BOCA RATON FL 33428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **FEURRING, BEVERLY**  
CITY-ST-ZIP **6012 LELAC ROAD  
BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **RENEE, NADEL**  
CITY-ST-ZIP **1885 AYR CT  
BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **HOWARD, KEN**  
CITY-ST-ZIP **6274 NW 23RD WAY  
BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **REAMER, LESLIE**  
CITY-ST-ZIP **144015 MILITARY TRAIL APT C-100  
DELRAY BEACH FL 33484**

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

**BEVERLY FEURRING**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/01**  
Date

Daytime Phone #

CR2E037 (10/00)