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Sep 02, 2002 8:00 am
Secretary of State

08-07-2002 90197 035 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03102

1. Entity Name

CONGREGATION B'NAI ISRAEL OF BOCA RATON, INC.

Principal Place of Business

Mailing Address

2200 YAMATO ROAD
BOCA RATON FL 33431-4325

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, PETER
21140 SHADY VISTA LANE
BOCA RATON FL 33428

Name

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

1885 AYR COURT

City

BOCA RATON

FL

Zip Code

33496

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Peter A. Nadel*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Aug. 2, 2002
DATE

After September 13, 2002,
min. will be \$235.25.

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

TITLE	S	☐ Delete
NAME	MICHEL, MEDDOFF	
STREET ADDRESS	22842 ELDORADO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	☒ Delete
NAME	WEINTRAUB, PETER	
STREET ADDRESS	21140 SHADY VISTA LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VP	☒ Delete
NAME	FEURRING, BEVERLY	
STREET ADDRESS	6012 LELAC ROAD	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VD	☒ Delete
NAME	RENEE, NADEL	
STREET ADDRESS	1885 AYR CT	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VD	☒ Delete
NAME	HOWARD, KEN	
STREET ADDRESS	6274 NW 23RD WAY	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	V	☐ Delete
NAME	REAMER, LESLIE	
STREET ADDRESS	144015 MILITARY TRAIL APT C-100	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP ADMINISTRATION	☒ Change ☒ Addition
NAME	TINI WEINTRAUB	
STREET ADDRESS	21140 SHADY VISTA LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VP PROGRAMMING	☐ Change ☒ Addition
NAME	VICKIE WEINSTEIN	
STREET ADDRESS	12776 BUCKINGHAM COURT	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TREASURER	☐ Change ☒ Addition
NAME	DEAN BORG	
STREET ADDRESS	2687 NW 39TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VP EDUCATION	☐ Change ☒ Addition
NAME	LESLIE KANTOR	
STREET ADDRESS	6004 LELAC ROAD	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VP FINANCE	☒ Change ☐ Addition
NAME	REAMER, LESLIE	
STREET ADDRESS	138512 VIATORINO	
CITY-ST-ZIP	DELRAY BEACH FL 33446	

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: *Leslie Reamer* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2037 (4/02)

561-624-7404