

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002036

1. Entity Name

SYNAGOGUE COUNCIL OF SARASOTA-MANATEE, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90040 039 ****61.25

Principal Place of Business

Mailing Address

567 BAY ISLES ROAD
LONGBOAT KEY FL 34228

567 BAY ISLES ROAD
LONGBOAT KEY FL 34228-3142

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

65-0485543

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

-KENK, ELLEN
4001 OAKLEY GREENE
SARASOTA FL 34235

(LENK)

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

Ellen Lenk

Jan 25, 2000

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

TITLE ☐ Delete

NAME D
STREET ADDRESS ISAACS, BERNARD
CITY-ST-ZIP 73350 S TAMiami TR #220
SARASOTA FL 34238

TITLE ☒ Delete

NAME D
STREET ADDRESS SONNENFELD, MARTIN
CITY-ST-ZIP 4536 ATWOOD CAY CIRCLE
SARASOTA FL 34233

TITLE ☐ Delete

NAME D
STREET ADDRESS LENK, ELLEN
CITY-ST-ZIP 4001 OAKLEY GREENE
SARASOTA FL

TITLE ☒ Delete

NAME D
STREET ADDRESS DREFFIN, LORI
CITY-ST-ZIP 2453 PROCTOR ROAD
SARASOTA FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: *Ellen Lenk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME D
STREET ADDRESS LEON BERTHA
CITY-ST-ZIP 7091 FAIRWAY BEND CIRCLE
SARASOTA FL 34243

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME D
STREET ADDRESS MURRAY BEITMAN
CITY-ST-ZIP 5644 COUNTRY LAKES DRIVE
SARASOTA FL 34243

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Ellen Lenk

Jan 25, 2000

941 377-7667

Date

Daytime Phone #