

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005019

1. Entity Name

TEMPLE ARON HAKODESH OF ORLANDO, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90020 037 ****61.25

Principal Place of Business 1015 E SEMORAN BLVD SUITE 245 CASSELBERRY FL 32707 US	Mailing Address 1015 E SEMORAN BLVD SUITE 245 CASSELBERRY FL 32707-5757 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

4. FEI Number 59-3466446	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SANDFORD, AUDREY
1015 E SEMORAN BLVD
SUITE 245
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FORDHAM, JOE 1015 E SEMORAN BLVD, SUITE 245 CASSELBERRY FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FORDHAM, RONNI 1015 E SEMORAN BLVD, SUITE 245 CASSELBERRY FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete BLUM, HELAINE 1015 E SEMORAN BLVD, SUITE 245 CASSELBERRY FL 32718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete THOMAS, YETTA 1015 E SEMORAN BLVD, SUITE 245 CASSELBERRY FL 32718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete SANDFORD, AUDREY 1015 E SEMORAN BLVD, SUITE 245 CASSELBERRY FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete STANLEY, FRED AND VONDA 1015 E SEMORAN BLVD STE 245 CASSELBERRY FL 32707

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Helaine M. Blum, Treasurer 4/17/00 (407)841-8310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)