

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90385 038 ****61.25

DOCUMENT # N97000005019

1. Entity Name

TEMPLE ARON HAKODESH OF ORLANDO, INC.

Principal Place of Business

Mailing Address

**1015 E SEMORAN BLVD
 SUITE 245
 CASSELBERRY FL 32707
 US**

**1015 E SEMORAN BLVD
 SUITE 245
 CASSELBERRY FL 32707
 US**

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

59-3466446

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

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

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Helaine M. Blum **REQUIRE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helaine M. Blum
 Treasurer

4/8/02
 Date

407-830-8250
 Daytime Phone #

CR2E037 (9/01)