

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000558

1. Entity Name

TEMPLE BETH SHOLOM - LEON KRONISH FOUNDATION, IN

Principal Place of Business

Mailing Address

4144 CHASE AVENUE
MIAMI BEACH FL 33140

4144 CHASE AVENUE
MIAMI BEACH FL 33140

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

65-0654717

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

Name

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

City

FL

Zip Code

MILLER, ALICE
4144 CHASE AVENUE
MIAMI BEACH FL 33140

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 PD
NAME DRIVIN, MICHAEL A
STREET ADDRESS 4601 POST AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE PD
NAME Drivin, Michael
STREET ADDRESS 4601 Post Road
CITY-ST-ZIP Miami Beach, FL 33140 ☒ Change ☐ Addition

TITLE VP
NAME CITRIN, CHARLES A
STREET ADDRESS 3724 PINETREE DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

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

TITLE VPT
NAME BARASH, A. JEFFREY
STREET ADDRESS 6025 NORTH BAY ROAD
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

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

TITLE VPT
NAME KNOPKE, JAMES S
STREET ADDRESS 655 SOUTH SHORE DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

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

TITLE VPT
NAME HIRSCHL, ANDREW DR.
STREET ADDRESS 176 BAL BAY DRIVE
CITY-ST-ZIP BAL HARBOUR FL 33154 ☐ Delete

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

TITLE D
NAME KOTLER, HELEN M
STREET ADDRESS 9801 COLLINS AVENUE
CITY-ST-ZIP BAY HARBOR DRIVE FL 33154 ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90065 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)