

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708291

1. Entity Name

TEMPLE EMANU-EL OF LEHIGH ACRES, FLORIDA, INC.

Principal Place of Business

500 JOEL BLVD.
LEHIGH ACRES FL 33936

Mailing Address

P.O. BOX 534
LEHIGH ACRES FL 33970-0534

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

59-2318135

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

CHAET, RICHARD
313 LAKE AVENUE
LEHIGH ACRES FL 33972

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 ☐ Delete
NAME D
STREET ADDRESS KESSLER, MYRA
CITY-ST-ZIP 305 THOMPSON ST.
LEHIGH ACRES FL 33936

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

TITLE ☒ Delete
NAME S
STREET ADDRESS TOBIAS, MARY
CITY-ST-ZIP 3743 SE 3RD PLACE
CAPE CORAL FL 33904

TITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS Sylvia Feldman
CITY-ST-ZIP 198 E. Joel Blvd.
Lehigh Acres, Fl. 33972

TITLE ☐ Delete
NAME P
STREET ADDRESS CHAET, RICHARD
CITY-ST-ZIP 313 LAKE AVENUE
LEHIGH ACRES FL 33972

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

TITLE ☐ Delete
NAME T
STREET ADDRESS SPERBER, MARLI
CITY-ST-ZIP 9808 MAPLECREST CIRCLE
LEHIGH ACRES FL 33936

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HELD, LEONA
CITY-ST-ZIP 2 PARKWOOD VILLAS COURT
LEHIGH ACRES FL 33936

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS MORSE, JACK
CITY-ST-ZIP 2 HAMILTON AVENUE
LEHIGH ACRES FL 33972

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: SIGNATURE REQUIRED

Marli Sperber, Treas. 3/31/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90090 050 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)