

2002 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 33936

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	D	<input type="checkbox"/> Delete
NAME	KESSLER, MYRA	
STREET ADDRESS	305 THOMPSON ST.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	S	<input type="checkbox"/> Delete
NAME	FELDMAN, SYLVIA	
STREET ADDRESS	198 E JOEL BLVD	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHAET, RICHARD	
STREET ADDRESS	313 LAKE AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOORE, DOLORES	
STREET ADDRESS	401 COLUMBUS AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELD, LEONA	
STREET ADDRESS	2 PARKWOOD VILLAS COURT	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORSE, JACK	
STREET ADDRESS	2 HAMILTON AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chaet, Julie	
STREET ADDRESS	608 Richmond Ave N	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chaet, Richard	
STREET ADDRESS	608 Richmond N	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DOLORES	
STREET ADDRESS	418 Magnolia Avenue	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)