

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90072 024 ****61.25

DOCUMENT # 709261
 1. Entity Name
TEMPLE B'NAI DAROM, INC.

Principal Place of Business 49 BANYON COURSE OCALA FL 32672	Mailing Address 49 BANYON COURSE OCALA FL 32672
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2070919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JACKSON, ARNOLD G
8525 S.W. 65TH CT RD
OCALA FL 34476

7. Name and Address of New Registered Agent
 Name **HELMUT ZACK**
 Street Address (P.O. Box Number is Not Acceptable) **8948 S.W. 116th STREET RD**
OCALA, FL 34481
 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]* **President** DATE **April 24, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME PD JACKSON, ARNOLD G	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8525 SW 65TH CT RD.	
CITY-ST-ZIP OCALA FL 34476	
TITLE NAME VD HELMUT, ZACK	<input type="checkbox"/> Delete
STREET ADDRESS 7613 NW 121ST ST	
CITY-ST-ZIP OCALA FL	
TITLE NAME VD DRILLING, HAROLD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8367 SW 106TH ST	
CITY-ST-ZIP OCALA FL	
TITLE NAME T SCHWARTZ, EDIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10947 S.W. 79 AVE.	
CITY-ST-ZIP OCALA FL	
TITLE NAME TD MURIEL, KIRSCHNER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 23 PALM ROAD	
CITY-ST-ZIP OCALA FL	
TITLE NAME TD LEBOWITZ, ROCHELLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS P.O. BOX 71035	
CITY-ST-ZIP OCALA FL 34471	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME HELMUT ZACK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8948 S.W. 116th STREET RD	
CITY-ST-ZIP OCALA, FL 34481	
TITLE NAME JACK HACKETT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2105 PATINO LANE	
CITY-ST-ZIP LADY LAKE, FL 32159	
TITLE NAME JEANETTE OSWALD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4883 S.E. 40th TERRACE	
CITY-ST-ZIP OCALA, FL 34480	
TITLE NAME ELAINE JACOBS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13289 SW 2ND CT	
CITY-ST-ZIP OCALA, FL 34473	
TITLE NAME FLORENCE FINKESTEIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 554 B BAHIA CIRCLE	
CITY-ST-ZIP OCALA, FL 34472	
TITLE NAME SYLVIA ROTHBERG	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 548 B BAHIA CIRCLE	
CITY-ST-ZIP OCALA, FL 34472	

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]* **SIGNATURE REQUIRED** (352) 861 9969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)