

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90228 010 \*\*\*\*61.25

**DOCUMENT # 709339**

1. Entity Name

**TEMPLE BETH ISRAEL, INC.**

Principal Place of Business

**7100 W OAKLAND PARK BLVD  
SUNRISE FL 33313**

Mailing Address

**7100 W OAKLAND PARK BLVD  
SUNRISE FL 33313**

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 **59-1113470**

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

**LIPNACK, MARTIN  
7421 SW 20TH ST.  
PLANTATION FL 33317**

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 **P** ☒ Delete  
NAME **BAMBERGER, IVOR**  
STREET ADDRESS **421 HOLLY LANE**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☐ Change ☒ Addition  
NAME **LAWRENCE GORDON**  
STREET ADDRESS **1705 Andros Isle #2**  
CITY-ST-ZIP **Coconut Creek, FL 33066**

TITLE **VP** ☐ Delete  
NAME **HELLER, LEON**  
STREET ADDRESS **7360 SW 6 STREET**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **LEON HELLER**  
STREET ADDRESS **7360 SW 6 St.**  
CITY-ST-ZIP **Plantation, FL 33317**

TITLE **ST** ☒ Delete  
NAME **GOODMAN, IRVING**  
STREET ADDRESS **1528 WHITEHALL DR #205**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

TITLE **ST** ☐ Change ☒ Addition  
NAME **LLOYD PROCTON**  
STREET ADDRESS **1070 NW 96 Avenue**  
CITY-ST-ZIP **Plantation, FL 33322**

TITLE **D** ☐ Delete  
NAME **SCHWARTZ, H Y**  
STREET ADDRESS **7100 W OAKLAND PARK BLVD**  
CITY-ST-ZIP **SUNRISE FL 33313**

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

TITLE **D** ☐ Delete  
NAME **KING, SHELDON**  
STREET ADDRESS **7100 W OAKLAND PARK BLVD**  
CITY-ST-ZIP **SUNRISE FL 33313**

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

TITLE **D** ☐ Delete  
NAME **WAIT, TERRY**  
STREET ADDRESS **7100 W OAKLAND PARK BLVD**  
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **VP** ☒ Change ☐ Addition  
NAME **TERRY WAIT**  
STREET ADDRESS **7100 W. Oakland Park Blvd.**  
CITY-ST-ZIP **Sunrise, FL 33313**

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.

**LEON HELLER**  
**PRESIDENT**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

954-742-3779

Date

Daytime Phone #

CR2E037 (9/01)