

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 06, 2001 8:00 am
Secretary of State

01-24-2001 90046 037 ****61.25

DOCUMENT # 715005

1. Entity Name

TEMPLE EMANUEL OF GREATER FORT LAUDERDALE

Principal Place of Business

Mailing Address

**3245 W. OAKLAND PARK BLVD
FT LAUDERDALE FL 33311**

**3245 W. OAKLAND PARK BLVD
FT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDMAN, SYLVIA
7508 IRONBRIDGE CIRCLE
DELRAY BEACH FL 33446**

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 **PT**
STREET ADDRESS **FRIEDMAN, SYLVIA**
CITY-ST-ZIP **7508 IRONBRIDGE CIRCLE
DELRAY BEACH FL 33446**

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

TITLE ☒ Delete
NAME **VDI**
STREET ADDRESS **MARKS, STANLEY**
CITY-ST-ZIP **3245 WEST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33311**

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS **Harold Blinichikoff**
CITY-ST-ZIP **3245 West Oakland Park Boulevard
Fort Lauderdale, Fla. 33311**

TITLE ☒ Delete
NAME **VI**
STREET ADDRESS **MICHAEL EISENBURG**
CITY-ST-ZIP **3245 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311**

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS **Edna Tarnove**
CITY-ST-ZIP **3245 West Oakland Park Boulevard
Fort Lauderdale, Fla. 33311**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **COHEN, HARRY**
CITY-ST-ZIP **3245 W OAKLAND PARK BLVD
FORT LAUDERDALE FL 33311**

TITLE ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Marshall Moore**
CITY-ST-ZIP **3245 West Oakland Park Boulevard
Fort Lauderdale, Fla. 33311**

TITLE ☒ Delete
NAME **FST**
STREET ADDRESS **TARNOVE, EDNA**
CITY-ST-ZIP **3245 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311**

TITLE ☒ Change ☐ Addition
NAME **Financial Secretary**
STREET ADDRESS **Irwin Fine**
CITY-ST-ZIP **3245 West Oakland Park Boulevard
Fort Lauderdale, Fla. 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Marilyn Lieberman* **Marilyn Lieberman, Office Manager 1/10/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)