

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90023 034 ****61.25

DOCUMENT # 715005

1. Entity Name

TEMPLE EMANU-EL OF GREATER FORT LAUDERDALE

Principal Place of Business

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

Mailing Address

**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

4. FEI Number **59-0714816**

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

**FRIEDMAN, SYLVIA
 7506 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 **PT** ☐ Delete
 NAME **FRIEDMAN, SYLVIA**
 STREET ADDRESS **7506 IRONBRIDGE CIRCLE**
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **President** ☒ Change ☐ Addition
 NAME **Irwin Fine**
 STREET ADDRESS **5660 S.W. 4th Street**
 CITY-ST-ZIP **Plantation, Fla. 33317**

TITLE **VPD** ☐ Delete
 NAME **BLINCHIKOFF, HAROLD**
 STREET ADDRESS **3245 WEST OAKLAND PARK BOULEVARD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

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

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

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

TITLE **TD** ☐ Delete
 NAME **MOORE, MARSHALL**
 STREET ADDRESS **3245 W OAKLAND PARK BLVD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

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

TITLE **FSD** ☐ Delete
 NAME **FINE, IRWIN**
 STREET ADDRESS **3245 W OAKLAND PARK BLVD**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **Financial Secretary** ☒ Change ☐ Addition
 NAME **Jaclyn Nieves**
 STREET ADDRESS **3245 West Oakland Park Boulevard**
 CITY-ST-ZIP **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: *Marjorie*

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)