

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90258 036 \*\*\*\*61.25

**DOCUMENT # 729516**

1. Entity Name

**CONGREGATION OF BETH EL**

Principal Place of Business

2815 N. FLAGLER DR.  
 W PALM BEACH FL 33407  
 US

Mailing Address

2815 N. FLAGLER DR.  
 W PALM BEACH FL 33407-5215  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6045467**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUTTENPLAN, ART  
 2761 VILLAGE BLVD  
 SUITE 105  
 WEST PALM BEACH FL 33409

7. Name and Address of New/Registered Agent

Name **PHYLLIS DENNER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7726 So. FLAGLER DR**  
 City **W. PALM BEACH** FL Zip Code **33405**

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

*Phyllis Denner*

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PENNER, PHYLLIS</b>	<b>D</b>
STREET ADDRESS	<b>7726 S FLAGLER DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RAMPELL, RICHARD</b>	<b>D</b>
STREET ADDRESS	<b>1188 NO OCEAN WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PARKER, GERALD K</b>	
STREET ADDRESS	<b>272 SOUTHLAND RD</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>STOCH, LINDA</b>	<b>D</b>
STREET ADDRESS	<b>104 VINTAGE ISLE LA</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33418</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GUTTENPLAN, ART</b>	<b>D</b>
STREET ADDRESS	<b>2761 VILLAGE BLVD</b>	
CITY-ST-ZIP	<b>WPB FL 33409</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HERMAN, J GEORGE</b>	<b>D</b>
STREET ADDRESS	<b>500 OCEAN TRL WAY, #301</b>	
CITY-ST-ZIP	<b>JUPTER FL 33477</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BEACH GARDENS 33418</b>	
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:

*PHYLLIS DENNER*

**PHYLLIS DENNER**

Date

**5/3/00 833-0339**

Daytime Phone #

CR21 137 (9/99)