

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729516

1. Entity Name

CONGREGATION OF BETH EL

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 28 PM 2:07

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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 59-6045467	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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  
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.

500004627635--3  
-10/08/01--01085--028  
\*\*\*\*236.25 \*\*\*\*236.25

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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	P	<input type="checkbox"/> Delete
NAME	PENNER, PHYLLIS	
STREET ADDRESS	7726 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAMPELL, RICHARD	
STREET ADDRESS	1186 NO OCEAN WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PARKER, GERALD K	
STREET ADDRESS	272 SOUTHLAND RD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STOCH, LINDA	
STREET ADDRESS	104 VINTAGE ISLE LA	
CITY-ST-ZIP	PALM BEACH FL 33418	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUTTENPLAN, ART	
STREET ADDRESS	2761 VILLAGE BLVD	
CITY-ST-ZIP	WPB FL 33409	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HERMAN, J GEORGE	
STREET ADDRESS	500 OCEAN TRL WAY, #301	
CITY-ST-ZIP	JUPITER FL 33477	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD HELENE COHEN SAFFAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	873 LAKESIDE DR	
CITY-ST-ZIP	NO-PALM BEACH FL 33408	
TITLE	VD FRED EISINGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	13763 ALDSWORTH CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D FINK, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	145 VINTAGE ISLE LN.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	VD ROBERT D. RAPAPORT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	790 S. COUNTY RD.	
CITY-ST-ZIP	PALM BEACH, FL. 33480	
TITLE	D ARLENE DAVIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	136 VINTAGE ISLE LN	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

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 REQUIRED 9/28/01 561-833-0339