

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90020 028 ****61.25

DOCUMENT # 732022

1. Entity Name

TEMPLE B'NAI JACOB OF PALM SPRINGS, FLORIDA, INC

Principal Place of Business

Mailing Address

2177 S CONGRESS AVE
 W PALM BCH FL 33406

2177 S CONGRESS AVE
 W PALM BCH FL 33406-7612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7424054

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LEVINE, JULIUS~~
~~3100 SPRINGDALE BLVD.~~
~~#E104~~
~~PALM SPRINGS FL 33461~~

Name **SAMUEL WOLPOW**
 Street Address (Do Not Put Number in Box) **5800 FERNLEY DR., WEST #36**
 City **WEST PALM BEACH FL** Zip **33415**

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 *x Julius*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/2000

**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	T	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, JULIUS	
STREET ADDRESS	3100 SPRINGDALE BLVD.	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ARONOWITZ, STANLEY	
STREET ADDRESS	3755 VIA POINCIANA	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, ESTHER	
STREET ADDRESS	3100 SPRINGDALE BLVD.	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GERSHOH, BERNARD	
STREET ADDRESS	7047 PINE MANOR DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDBERG, MARTIN	
STREET ADDRESS	6213 POND TREE CIRCLE	
CITY-ST-ZIP	GREENACRES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL WOLPOW	
STREET ADDRESS	5800 FERNLEY DRIVE W #36	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDNEY SMAYER	
STREET ADDRESS	3505 WESTMINSTER DRIVE	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS TUCKER	
STREET ADDRESS	2615 NORTH GARDON DRIVE #109	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
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: *x Samuel Wolpow*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/2000

CR2E037 (9/99)