## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 732022

1. Entity Name

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



Jan 13, 2003 8:00 am Secretary of State

**FILED** 

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2177 S CONGRESS AVE 217		Mailing Address 2177 S CONGRESS AVI W PALM BCH FL 33406						
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Z. Principa	al Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MA	KING CHANGE	S
City & S	State	City & State	<u> </u>		4. FEI Number 23	3-7424054		Applied For
Zip	Country	Zip	Country		5. Certificate of Sta		\$8.75 A	Not Applicable
	6. Name and Address of Current	Registered Agent				<del></del>	Fee Requi	red
			Name		7. Name and Addr	ess of New Registe	red Agent	
- Kaplo	WITZ, MILDRED							_
	ERNLEY DR. WEST		Street	Address (F	O. Box Number is N	ot Acceptable)		
#92						<del></del>		·
WEST	PALM BEACH FL 33415		City		<del></del>			
<u> </u>	ve named entity submits this statement for patients of registered agent.		"				FL   Zip Co	
SIGNATURE	·							
		The state of the s	TE: Registered Agent sign.	ature required v	hen reinstating)	DA	TE	
	FILE NOW: FEE IS \$61.25	9. Election Ca	ampaign Eigensine		1	-		
10.		Trust Fund	Contribution.		55.00 May Be added to Fees	Make Ch Florida Dej	eck Payable partment of	to State
	OFFICERS AND DIF	Trust Fund	Contribution.	ш , 	added to Fees	Florida De	partment of	State
TITLE	PRES	Trust Fund	Contribution.	ш , 		Florida De	Dartment of	State
NAME	Pres Kaplowitz, Mildred	Trust Fund RECTORS	Contribution.	ш , 	added to Fees	Florida De	partment of	State
NAME STREET ADDRESS	PRES KAPLOWITZ, MILDRED 5780 FERNLEY DRIVE WEST #92	Trust Fund RECTORS	11. TITLE NAME STREET ADDRESS	ш , 	added to Fees	Florida De	Dartment of	State
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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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

5800 FERNLEY DRIVE WEST #92

WEST PALM BEACH FL 33415

3546 ENGELWOOD DR#115

SCHARIER, KENNETH

LAKE WORTH FL 33467

SIGNATURE REQUIRED

☐ Delete

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Scherzer, Kenneth

1/9/03

Change

☐ Addition