

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90001 023 ****61.25

DOCUMENT # 733353

1. Entity Name

CONGREGATION B'NAI ISRAEL.

Principal Place of Business

3830 NW 16 BLVD
 GAINESVILLE FL 32605

Mailing Address

3830 NW 16 BLVD
 GAINESVILLE FL 32605-3552

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1592633

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDBLATT, ALAN
 1916 NW 32 TERR
 GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name **Philip Kabler**
 Street Address (P.O. Box Number, Not Acceptable) **3011 NW 25th Terr.**
 City **Gainesville, FL** Zip Code **32605**

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 **PHILIP N. KABLER** ^{PRESIDENT} **1/30/00**
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 NAME	PT GOLDBLATT, ALAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1916 NW 32 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE NAME	VPT FINE, JACK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3126 NW 62 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE NAME	ST SLATER, PHILIP	<input type="checkbox"/> Delete
STREET ADDRESS	2211 NW 25 ST	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE NAME	T SNYDER, GEORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5316 NW 46 TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE NAME	D PAWLIGER, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	6501 NW 16 PL	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE NAME	D KROP, HARRY	<input type="checkbox"/> Delete
STREET ADDRESS	1214 NW 23 TERR	
CITY-ST-ZIP	GAINESVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Philip Kabler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3011 NW 25th Terr.	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE NAME	VPT Elizabeth shenkman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4136 NW 60th Terrace	
CITY-ST-ZIP	Gainesville FL 32606	
TITLE NAME	Philip Slater	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2211 NW 25 Street	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE NAME	Giora Katz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7810 NW 20th Lane	
CITY-ST-ZIP	Gainesville, FL 32605-3163	
TITLE NAME	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **PHILIP N. KABLER** **1/30/00** **(352) 376-1508**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)