2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

07-24-2001 90012 001 ****61.25
02-05-2001 90017 040 ****61.25

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # 733353

1. Entity Name

CONGREGATION B'NAI ISRAEL

Principal Place of Business	Mailing Address
3830 NW 16 BLVD GAINESVILLE FL 32605	3830 NW 16 BLVD GAINESVILLE FL 32605

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1592633 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDBLATT, ALAN 1916 NW 32 TERR GAINESVILLE FL 32605	Name: Elizabeth Shenkman Street Address (P.O. Box Number Is Not Acceptable): 3830 NW 16th Blvd 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 _____ 7/12/01
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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PT NAME: ABLER, PHILIP A STREET ADDRESS: 3011 NW 25 TERRACE CITY-ST-ZIP: GAINESVILLE FL 32605	☒ Delete	TITLE: President NAME: Elizabeth Shenkman STREET ADDRESS: 3830 NW 16th Blvd CITY-ST-ZIP: Gainesville FL 32605	☒ Change ☐ Addition
TITLE: VPT NAME: FINE, JACK STREET ADDRESS: 3126 NW 62 TERR CITY-ST-ZIP: GAINESVILLE FL 32606	☒ Delete	TITLE: Vice President NAME: Gilda Josephson STREET ADDRESS: 3830 NW 16th Blvd CITY-ST-ZIP: Gainesville FL 32605	☒ Change ☐ Addition
TITLE: ST NAME: SLATER, PHILIP STREET ADDRESS: 2211 NW 25 ST CITY-ST-ZIP: GAINESVILLE FL 32605	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: T NAME: KATZ, GLORA STREET ADDRESS: 7810 NW 20TH LANE CITY-ST-ZIP: GAINESVILLE FL 32605-3163	☒ Delete	TITLE: Treasurer NAME: Barbara Herbstman STREET ADDRESS: 3830 NW 16th Blvd CITY-ST-ZIP: Gainesville FL 32605	☒ Change ☐ Addition
TITLE: D NAME: PAWLIGER, DAVID STREET ADDRESS: 6501 NW 16 PL CITY-ST-ZIP: GAINESVILLE FL 32605	☒ Delete	TITLE: Past President NAME: Phil Kabler STREET ADDRESS: 3830 NW 16th Blvd CITY-ST-ZIP: Gainesville FL 32605	☒ Change ☐ Addition
TITLE: D NAME: KROP, HARRY STREET ADDRESS: 1214 NW 23 TERR CITY-ST-ZIP: GAINESVILLE FL	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E037 (5/01)

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 7/12/01 392-5904 x222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #