

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739310

1. Entity Name

TEMPLE BETH EL NORTH PORT JEWISH CENTER, INC.

Principal Place of Business

3840 S BISCAYNE DR.
P.O. BOX 7195
NORTH PORT FL 34287

Mailing Address

3840 S BISCAYNE DR.
P.O. BOX 7195
NORTH PORT FL 34287

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

59-1951464

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

GOLUB, ALVIN R
4111 HIBISCUS RD
VENICE FL 34293

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.

SIGNATURE ALVIN R. GOLUB PRESIDENT

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 13, 2000 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 DT
NAME MOYERMAN, CECILIA V
STREET ADDRESS 213 PERSIMMON ST
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME GOLUB, ALVIN R
STREET ADDRESS 4111 HIBISCUS RD
CITY-ST-ZIP VENICE FL ☒ Delete

TITLE PRESIDENT
NAME ALVIN R. GOLUB
STREET ADDRESS 4111 HIBISCUS RD
CITY-ST-ZIP VENICE, FL 34298 ☒ Change ☐ Addition

TITLE PD
NAME TOBIN, ARTHUR
STREET ADDRESS 2310 VIA VENICE
CITY-ST-ZIP PUNTA GORDA FL 33950 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE (VP) VICE PRESIDENT
NAME ROBERTA SHUMAN
STREET ADDRESS 175 KINGS HWY #648
CITY-ST-ZIP PORT CHARLOTTE FL 33983 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE FINANCIAL SECRETARY
NAME HELGA MELMED
STREET ADDRESS 1283 HIGHLAND GREENS DR.
CITY-ST-ZIP VENICE, FL 34292 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)