# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 11, 2001 8:00 am**
**Secretary of State**
05-11-2001 90464 031 ****61.25

DOCUMENT # 747017

1. Entity Name

TEMPLE BETH TORAH OF PALM BEACH COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 900 BIG BLUE TRACE<br>WELLINGTON FL 33414<br>US | 900 BIG BLUE TRACE<br>WELLINGTON FL 33414<br>US |

U0050019

DO NOT WRITE IN THIS SPACE

| 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 59-1946310 ☐ 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 |
|---|---|
| HERZLIN, ALAN<br>14817 HORSESHOE TRACE<br>WELLINGTON FL 33414 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Stacy Chertock - President X Stacy Chertock

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>CHERTOCK, STACY<br>869 FOREST GLEN<br>WELLINGTON FL | ☐ Delete | VPD<br>GORDON, ERIC<br>2050 SUNDERLAND AVE.<br>WELLINGTON, FL. 33414. | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HERZLIN, ALAN<br>14817 HORSESHOE TRACE<br>WELLINGTON FL | ☐ Delete | PD<br>CHERTOCK, STACY<br>869 FOREST GLEN<br>WELLINGTON, FL. 33414 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BERNS, DAVID<br>13460 LA HIRADA CT.<br>WELLINGTON FL 33414 | ☐ Delete | TD<br>LEVINE, JOEL<br>13654 JONQUIL PLACE<br>WEST. P. BEACH, FL. 33414 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>EISMANN, ROZ<br>12785 NEWTON PLACE<br>WELLINGTON FL | ☐ Delete | S.<br>LOBIANCO, LINDA.<br>8393 FRESH CREEK<br>WEST Palm B, FL. 33414 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 JEFFREY WILENSKY Attorney 4/30/01 793-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #