

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90018 012 ****61.25

DOCUMENT # 748644

1. Entity Name

TEMPLE BETH AM OF MARGATE INC.

Principal Place of Business

**7205 ROYAL PALM BLVD
 MARGATE FL 33063**

Mailing Address

**7205 ROYAL PALM BLVD
 MARGATE FL 33063**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0169999

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALFOND, SANDEE
 7205 ROYAL PALM BLVD
 MARGATE FL 33063**

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

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 Delete
 NAME **PD
 GROSSMAN, GARY L**
 STREET ADDRESS **8762 NW 19TH ST**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME **President
 James B. Lyon**
 STREET ADDRESS **5452 NW 86th Terrace**
 CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE Delete
 NAME **EVPD
 LYON, JIM**
 STREET ADDRESS **5452 NW 86TH TERRACE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME **EVPD
 Dr. Joel Policzer**
 STREET ADDRESS **8101-Blueridge Lane**
 CITY-ST-ZIP **Parkland, FL 33067**

TITLE Delete
 NAME **VPEP
 OISTACHER, NED**
 STREET ADDRESS **2091 N.W. 87TH TERRACE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME **VPEP- Eileen Houston**
 STREET ADDRESS **3114 Bayberry Way**
 CITY-ST-ZIP **Margate, FL 33063**

TITLE Delete
 NAME **VPRD
 PESKIN, JONATHAN**
 STREET ADDRESS **8214 NW 63RD CT**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE Change Addition
 NAME **VPRD - Al Marvet**
 STREET ADDRESS **6013 Coral Lakes Drive**
 CITY-ST-ZIP **Margate, FL 33063**

TITLE Delete
 NAME **VFD
 POLICZER, JOEL DR**
 STREET ADDRESS **8101 BLUERIDGE LANE**
 CITY-ST-ZIP **PARKLAND FL**

TITLE Change Addition
 NAME **VPF- Marcia Rothstein**
 STREET ADDRESS **1239 NW 110th Terrace**
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE Delete
 NAME **VMD
 ROTHSTEIN, MARCIA**
 STREET ADDRESS **1239 N.W. 110TH TERRACE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME **VPM- Robert Denberg**
 STREET ADDRESS **10286 NW 3rd Place**
 CITY-ST-ZIP **Coral Springs, FL 33071**

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/01 954-968-4545
 Date Daytime Phone #

CR2E037 (10/00)