

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 14, 2003 8:00 am  
Secretary of State

1/2

01-27-2003 90517 019 \*\*\*\*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

55007843



CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> LYON, JAMES B 5452 NW 86TH TERRACE CORAL SPRINGS FL 33067	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPO</b> POLICZER, JOEL DR. 8101 BLUERIDGE LANE PARKLAND FL 33067	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPED</b> HOUSTON, EILEEN 10409 NW 8TH COURT CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPRD</b> MARVET, AL 6013 CORAL LAKES DRIVE MARGATE FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPF</b> ROTHSTEIN, MARCIA 1239 NW 110TH TERRACE CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPM</b> BEER, TOMAS R 4830 NW 104 AVE. CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR. JOEL POLICZER</b> 8101 BLUERIDGE LANE PARKLAND FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARCIA ROTHSTEIN</b> 1239 NW 110 TERRACE CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EXEC VP</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T.R. BEER</b> 4930 NW 104 AVE CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RON LIFTON</b> 4988 NW 110 TERRACE CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SIMON GOTTLIBS</b> 12612 NW 14 ST CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>FIN. SECTY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NANCY BYROBZKI</b> 6148 NW 65 TERRACE PARKLAND FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b>

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

1/23/03

954-968-454

Date

Daytime Phone #

CREE037 (10/02)