

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

0069429

02-20-2001 90044 047 ****61.25

DOCUMENT # 758796

1. Entity Name

TEMPLE JUDEA OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

100 CHILLINGWORTH DRIVE
 WEST PALM BEACH FL 33409

100 CHILLINGWORTH DRIVE
 WEST PALM BEACH FL 33409

624704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2100649

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

PRESTON MIGHDOLL
12969 MEADOWBREEZE DR 10745 Oak Bend Way
WEST PALM BEACH FL 33414 Wellington, Fl. 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

10745 Oak Bend Way

City

Wellington, FL

FL

Zip Code

33414

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

2/15/2001

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	PD	<input type="checkbox"/> Delete
NAME	BROWN, JORDAN	
STREET ADDRESS	5264 CRYSTAL ANNE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MERIDY, HOWARD DR.	
STREET ADDRESS	PO BOX 740757	
CITY-ST-ZIP	BOYNTON BEACH FL 33474	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHALLOWAY, MARK	
STREET ADDRESS	118 SATINWOOD LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	S	<input type="checkbox"/> Delete
NAME	RICE, KATIE	
STREET ADDRESS	8750 THOUSAND PINE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEISEBERG, PERRY	
STREET ADDRESS	405 4TH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KARP, DEBBIE	
STREET ADDRESS	53 GREENWAY DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 471-1526

CR2E037 (10/00)