

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90041 015 ****61.25

DOCUMENT # C93000000011

1. Entity Name

TEMPLE BETH EL

Principal Place of Business

**579 NORTH NOVA ROAD
ORMOND BEACH FL 32174**

Mailing Address

**579 NORTH NOVA ROAD
ORMOND BEACH FL 32174**

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

59-6192854

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

**GOULD, RODD
51 SHADOW CREEK WAY
ORMOND BEACH FL 32174**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KRAMER, HARRIET
200 RIVERBLUFF DR
ORMOND BCH FL 32174** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SACKS, DAVID
36 TWIN RIVER DRIVE
ORMOND BEACH FL 32174** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
GOULD, RODD
51 SHADOW CREEK WAY
ORMOND BEACH FL 32174** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FURMAN, MICHAEL
21 TWIN RIVER DRIVE
ORMOND BEACH FL 32174** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KEMP, HOWARD
20 FOXFORDS CHASE
ORMOND BCH FL 32174** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**710 CORDOVA AVENUE
ORMOND BEACH, FL 32174**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ORFINGER, MICHAEL
124 ROYAL PALM AVE
ORMOND BEACH FL 32174** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**27 IROQUOIS TRAIL
ORMOND BEACH, FL 32174**

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

1/11/01 1904/672-2484
Date Daytime Phone #

CR2E037 (10/00)