

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90014 017 ****61.25

DOCUMENT # N14081

1. Entity Name

CONGREGATION TORAH OHR, INC.

Principal Place of Business

Mailing Address

19146 LYONS RD.
 BOCA RATON FL 33434

19146 LYONS RD.
 BOCA RATON FL 33434-5536

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

65-0123385

Applied For

Not Applied

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

JACOBS, DAVID
2031 YARMOUTH B
BOCA RATON FL 33434

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	VD	<input type="checkbox"/> Delete
NAME	ISAACSON, SAM	
STREET ADDRESS	8397 SPRINGLAKE DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUDOLER, MAX	
STREET ADDRESS	YARMOUTH D 4066	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOSTMAN, SAM	
STREET ADDRESS	BRIGHTON I 375	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAHN, JACK	
STREET ADDRESS	WOLVERTON C4041	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MOSCOVITZ, MYRON	
STREET ADDRESS	8375 SUN MEADOW LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACOBS, DAVID	
STREET ADDRESS	2031 YARMOUTH	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
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: *David Jacobs* **DAVID JACOBS, TREASURER** 1/4/00 561-883-0382
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #