FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 07, 2001 8:00 am Secretary of State DOCUMENT # N14081 1. Entity Name CONGREGATION TORAH OHR. INC. 02-07-2001 90189 023 \*\*\*\*61.25 Principal Place of Business Mailing Address 19146 LYONS RD. 19146 LYONS RD. **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0123385 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JACOBS, DAVID 2031 YARMOUTH B **BOCA RATON FL 33434** Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITI F ☐ Delete TITLE ☐ Channe ISAACSON, SAM NAME NAME STREET ADDRESS 8397 SPRINGLAKE DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP PD ☐ Addition TITLE ☐ Delete TITLE Change RUDOLER, MAX NAME NAME STREET ADDRESS YARMOUTH D 4066 STREET ADDRESS CITY-ST-ZIP BOCA-RATON-FL-33434 CITY-ST-ZIP VD ☐ Addition TITLE Delete TITLE ☐ Change KOSTMAN, SAM NAME NAME **BRIGHTON I 375** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-7IP ☐ Delete TITLE Change ■ Addition HAHN, JACK NAME NAME STREET ADDRESS WOLVERTON C4041 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** VICE PRES Addition TITLE Delete ☐ Change MILLARD SHULMAN 8431 SPRINGLAKE DR 130 CA RATON FL 33496 MOSCOVITZ, MYRON NAME NAME STREET ADDRESS 8375 SUN MEADOW LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TD TITLE ☐ Delete TIT! F Change ☐ Addition NAME JACOBS, DAVID NAME STREET ADDRESS 2031 YARMOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR