

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

05-16-2003 90178 024 \*\*\*\*61.25

FILED N26433  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL -8 PM 4:30

DOCUMENT # **N26433**

1. Entity Name  
**YOUNG ISRAEL OF BOCA RATON, INC.**



Principal Place of Business  
**7200 PALMETTO CIRCLE NORTH  
BOCA RATON FL 33433  
US**

Mailing Address  
**7200 PALMETTO CIRCLE NORTH  
BOCA RATON FL 33433  
US**



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 **65-0049343**

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

Name

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

City

**FL**

Zip Code

**HARDIN, DAVID C ESQ  
MOMBACH, BOYLE & HARDIN, PA  
500 E BROWARD BLVD  
FT LAUDERDALE FL 33394**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MENDELOW, DR JOSEPH</b>	
STREET ADDRESS	<b>7572 SILVER WOODS CT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HEIFETZ, JACK</b>	
STREET ADDRESS	<b>7111 VIA MARBELLA</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STALL, MICHAEL</b>	
STREET ADDRESS	<b>22334 GUADELOUPE STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BENNETT, RICHARD DR</b>	
STREET ADDRESS	<b>7252 SANS SEBASTIAN DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LIEBER, DAVID</b>	
STREET ADDRESS	<b>7644 CYPRESS CRESENT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GROB, PAUL</b>	
STREET ADDRESS	<b>7035 SAN SALVADOR DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Plitt, Ira</b>	
STREET ADDRESS	<b>7480 San Clemente Place</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Linker Alan</b>	
STREET ADDRESS	<b>7228 San Sebastian Drive</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rhea Stein</b>	
STREET ADDRESS	<b>7428 Chablis Ct.</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bennett, Richard Dr.</b>	
STREET ADDRESS	<b>7252 San Sebastian Drive</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Horowitz, Betsy</b>	
STREET ADDRESS	<b>7426 San Sebastian Drive</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Stein, Charles</b>	
STREET ADDRESS	<b>23055 Post Gardens Way #133</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33433</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:

*Richard S Bennett*  
RICHARD S BENNETT

Richard S Bennett DO.

4.7.3 5614777700

CR2E037 (10/02)