

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30928

1. Entity Name

(NAME Changed) D/B/A
CONGREGATION KOL AMI OF PALM BEACH COUNTY, INC.

→ KOL AMI OF BOCA RATON

Principal Place of Business

Mailing Address

71 N. FEDERAL HIGHWAY
BOCA RATON FL 33432
US

P.O. BOX 970234
BOCA RATON FL 33497-0234
US

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

65-0260700

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

KLEINMAN, HENRY
7671 SIERRA TERR W.
BOCA RATON FL 33433

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 D ☐ Delete
NAME HOLLAND, DONNA
STREET ADDRESS 4895 REGENCY COURT
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☒ Addition
NAME JEFF BONAR
STREET ADDRESS 702 HAKE SHORE DR
CITY-ST-ZIP Delray Beach FL 33444

TITLE DP ☐ Delete
NAME KLEINMAN, HENRY
STREET ADDRESS 7671 SIERRA TERR. W
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME WERNER, ANITA
STREET ADDRESS 222144 VERBENA WAY
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME BENDIK, EDWARD
STREET ADDRESS 19626 BLACK OLIVE DR
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME SHUTER, MELVIN
STREET ADDRESS 10792 RIVER GLEN DR
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BRONFMAN, ELLIOT
STREET ADDRESS 5130 LAS VERDES CIR
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-12-2000 90161 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4/7/00 561-477-8277