

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

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90216 025 \*\*\*\*61.25

**DOCUMENT # N42182**

1. Entity Name

**TEMPLE BETH-EL OF PUNTA GORDA, INC.**



Principal Place of Business

**1133 BAL HARBOR BLVD  
PUNTA GORDA FL 33950**

Mailing Address

**TEMPLE BETH EL OF PUNTA GORDA  
P.O. BOX 213  
PUNTA GORDA FL 33931**

2. Principal Place of Business

3. Mailing Address

*Seth Ohlstein*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*2730 Mayaguona CT*

City & State

City & State

*Punta Gorda FL*

Zip

Country

Zip

*33950*

Country

*USA*

4. FEI Number **65-0300978**

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

**OHLSTEIN, SETH  
2730 MAYA AVE CT  
PUNTA GORDA FL 33950**

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. 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 **DT** ☐ Delete  
NAME **OHLSTEIN, SETH**  
STREET ADDRESS **2730 MAYA AVE CT**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☐ Addition  
NAME *2730 Mayaguona CT*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **SULLIVAN, BETH**  
STREET ADDRESS **413 RETTA ESPLANADE**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

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

TITLE **VD** ☐ Delete  
NAME **ROCCA, MARGE**  
STREET ADDRESS **18451 MEYER ST**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 filing empowered.

SIGNATURE:

*Seth Ohlstein*

*1/10/03 941 575-1167*

CR2E037 (10/02)