

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N45781**

1. Entity Name

**TEMPLE ISRAEL OF HIGHLANDS COUNTY, INC.**

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90019 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1305 HILLSIDE  
 SEBRING FL 33870  
 US

P.O. BOX 1361  
 SEBRING FL 33871-1361

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**23-7362762**

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

**ALBIN, JUDITH B**  
**2018 BEACH DR**  
**SEBRING FL 33870**

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	<input type="checkbox"/> Delete
NAME	SNOLL, BERNICE	
STREET ADDRESS	111 RISING R RD.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NAPP, JACK	
STREET ADDRESS	2606 OAK BEACH BLVD	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, MARILYN	
STREET ADDRESS	2307 DAVIS CT.	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBIN, JUDITH	
STREET ADDRESS	2018 BEACH DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLKOVE, MARTZI	
STREET ADDRESS	6824 SOUTH C-17	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Judith B. Albin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 9 2000 867-382-7744  
 Date Daytime Phone #

CR2E037 (9/99)