

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-23-2000 90057 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N94000000177**

1. Entity Name

**CONGREGATION BETH TIKVAH OF WEST BOCA RATON, INC**

Principal Place of Business

19801 HAMPTON DRIVE  
 BOCA RATON FL 33434  
 US

Mailing Address

19801 HAMPTON DRIVE  
 SUITE C-1-2  
 BOCA RATON FL 33434-2854  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0459810**

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

**WEINROTH, ROBERT S. ESQ**  
 21786 MARIGOT DRIVE  
 BOCA RATON FL 33428

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	VD	<input checked="" type="checkbox"/> Delete
NAME	SELTZER, ROBERT A.	
STREET ADDRESS	20893 AVENEL RUN	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COHEN, ALLAN S	
STREET ADDRESS	12043 ROCKWELL WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEINROTH, ROBERT S	
STREET ADDRESS	PO BOX 971271	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, FRAN	
STREET ADDRESS	10612 MENDOCINO LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	<del>VD</del>	<input type="checkbox"/> Delete
NAME	<del>BERKOWITZ, NAN</del>	
STREET ADDRESS	<del>2043 ROCKWELL WAY</del>	
CITY-ST-ZIP	<del>BOCA RATON FL 33498</del>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STEIN, MAXINE	
STREET ADDRESS	20789 CIPRES WAY	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isler, Norman	
STREET ADDRESS	4201 N. Ocean Blvd.	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hart, Diana	
STREET ADDRESS	18306 Coral Chase DR	
CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sotnikoff, Helayne	
STREET ADDRESS	22095 Las Brisas Circle #106	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kurland, Ellen	
STREET ADDRESS	11669 Country View Lane	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berkowitz, Nan	
STREET ADDRESS	18083 Clearbrook Circle	
CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wasserman, Jaci	
STREET ADDRESS	6962 S. Grande DR.	
CITY-ST-ZIP	Boca Raton, FL 33433	

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: Nan Berkowitz **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000  
 Date

561-852-6555  
 Daytime Phone #

CR2E037 (9/99)