2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000177

1. Entity Name

CONGREGATION BETH TIKVAH OF WEST BOCA RATON, INC

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

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

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
19801 HAMPTON DRIVE BOCA RATON FL 33434 US	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
Zip / Country	Zip / Country

4. FEI Number 65-0459810 — 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
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 ☒ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	SELTZER, ROBERT A.	NAME	Isler, Norman
STREET ADDRESS	20893 AVENEL RUN	STREET ADDRESS	4201 N. Ocean Blvd.
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	VD ☒ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	COHEN, ALLAN S	NAME	Hart, Diana
STREET ADDRESS	12043 ROCKWELL WAY	STREET ADDRESS	18306 Coral Chase DR
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	Boca Raton, FL 33498
TITLE	TD ☒ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	WEINROTH, ROBERT S	NAME	Sotnikoff, Helayne
STREET ADDRESS	PO BOX 971271	STREET ADDRESS	22095 Las Brisas Circle #106
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	VD ☒ Delete	TITLE	SD ☐ Change ☒ Addition
NAME	LEVINE, FRAN	NAME	Kurland, Ellen
STREET ADDRESS	10612 MENDOCINO LANE	STREET ADDRESS	11669 Country View Lane
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	~~D~~ ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	BERKOWITZ, NAN	NAME	Berkowitz, Nan
STREET ADDRESS	~~2043 ROCKWELL WAY~~	STREET ADDRESS	18083 Clearbrook Circle
CITY-ST-ZIP	~~BOCA RATON FL 33498~~	CITY-ST-ZIP	Boca Raton, FL 33498
TITLE	VD ☒ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	STEIN, MAXINE	NAME	Wasserman, Jacl
STREET ADDRESS	20789 CIPRES WAY	STREET ADDRESS	6962 S. Grande DR.
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	Boca Raton, FL 33433

CR2E037 (9/99)

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 SIGNATURE REQUIRED — 4/13/2000 — 561-852-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #