

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90007 043 ****61.25

DOCUMENT # N94000000177

1. Entity Name

CONGREGATION BETH TIKVAH OF WEST BOCA RATON, INC

Principal Place of Business

Mailing Address

19785 HAMPTON DRIVE
 BOCA RATON FL 33434
 US

19785 HAMPTON DRIVE
 BOCA RATON FL 33434
 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

SCHUSTER, RICK
19785 HAMPTON DRIVE
BOCA RATON FL 33434

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 ☐ Delete
 NAME **SCHUSTER, RICK**
 STREET ADDRESS **21300 PLACIDA TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☒ Addition
 NAME **[Signature]**
 STREET ADDRESS **17776 Rain Tree Terr.**
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☒ Delete
 NAME **VD HART, DIANA**
 STREET ADDRESS **18306 CORAL CHASE DR**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☒ Addition
 NAME **T/D Norman Falcon**
 STREET ADDRESS **23322 Water Circle**
 CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE ☐ Delete
 NAME **VD ROSENTHAL, IRV**
 STREET ADDRESS **21317 GOISER WAY**
 CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE ☒ Delete
 NAME **SD KURLAND, ELLEN**
 STREET ADDRESS **11669 COUNTY VIEW LN**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Change ☒ Addition
 NAME **310 Rob Schwartz**
 STREET ADDRESS **17776 Rain Tree Terr.**
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☐ Delete
 NAME **D BERKOWITZ, NAN**
 STREET ADDRESS **18083 CLEARBROOK CIR**
 CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE ☐ Delete
 NAME **VD PERRY, LEN**
 STREET ADDRESS **4039 LINCOLN**
 CITY-ST-ZIP **BOCA RATON FL 33434**

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

CR2E037 (9/01)