

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003855

1. Entity Name

PALM BEACH ORTHODOX SYNAGOGUE, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90064 036 ****61.25

Principal Place of Business

Mailing Address

235 SUNRISE AVE
PENTHOUSE
PALM BEACH FL 33480

P.O. BOX 3225
PALM BEACH FL 33480-1425
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0478910

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

HARARY, HENRY M
7850 S FLAGLER DR
WEST PALM BEACH FL 33405

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	DP	<input type="checkbox"/> Delete
NAME	STEINBERG, EDWARD	
STREET ADDRESS	235 SUNRISE AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MARDER, GARY	
STREET ADDRESS	235 SUNRISE AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GELFORD, MICHAEL	
STREET ADDRESS	235 SUNRISE AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HARARY, HENRY	
STREET ADDRESS	7850 S FLAGLER DR	
CITY-ST-ZIP	W PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Director and Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC WEINER	
STREET ADDRESS	235 Sunrise	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven L. Wenig	
STREET ADDRESS	235 Sunrise Ave.	
CITY-ST-ZIP	Palm Beach FL 33480	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2000

Date

561-684-9100

Daytime Phone #

CR2E037 (9/99)