

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003855

1. Entity Name

PALM BEACH ORTHODOX SYNAGOGUE, INC.

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90330 043 ****61.75

Principal Place of Business

120 NORTH COUNTY RD
PALM BEACH FL 33480

Mailing Address

P.O. BOX 3225
PALM BEACH FL 33480
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1028

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

US

4. FEI Number

65-0478910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Steven L. Winig

Street Address (P.O. Box Number is Not Acceptable)

1601 Forum Place

City

Ste 304

City

West Palm Beach

FL

Zip Code

33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

STEVEN L. WINIG, TREASURER 7/10/02

DATE

After September 13, 2002,
min. will be \$236.25.

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

TITLE DP
NAME STEINBERG, EDWARD
STREET ADDRESS 235 SUNRISE AVE
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE DVP
NAME WEINER, ERIC
STREET ADDRESS 235 SUNRISE AVENUE
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE DP
NAME GELFAND, MICHAEL
STREET ADDRESS 235 SUNRISE AVENUE
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE DT
NAME WINIG, STEVEN L
STREET ADDRESS 235 SUNRISE AVE
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS 120 N. County Road
CITY-ST-ZIP FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 120 N. County Road
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 120 N. County Road
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 120 N. County Road
CITY-ST-ZIP

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

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 REQUIRED

Steven L. Winig, Treasurer 7/10/02

(561)
838-9002

CR2E037 (4/02)