

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91560 039 \*\*\*\*70.00

**DOCUMENT # N96000001779**

1. Entity Name

**CONGREGATION BETH EL OF CENTRAL FLORIDA, INC.**

Principal Place of Business

160 IBIS ROAD  
 LONGWOOD FL 32779

Mailing Address

160 IBIS ROAD  
 LONGWOOD FL 32779

2. Principal Place of Business

160 IBIS ROAD, Longwood, FL 32779

3. Mailing Address

160 IBIS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FLORIDA

City & State

LONGWOOD FLORIDA

Zip

32779

Country

Zip

32779

Country

4. FEI Number

59-3379183

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRATTNER, ANDREW M  
 345 EDEN TRAIL  
 LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name **RON LIVINGSTONE**

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

201 MAJESTIC OAK DRIVE

City **ALTAMONTE SPRINGS**

FL

Zip Code

32714

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]*

**RON LIVINGSTONE, TREASURER**

**4/28/01**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROTMAN, KAIL</b>	
STREET ADDRESS	<b>1218 PINE NEEDLE COURT</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32779</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TRATTNER, ANDREW</b>	
STREET ADDRESS	<b>345 EDEN TRAIL</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOLDBERG, RUSSELL</b>	
STREET ADDRESS	<b>108 POINT VW LN.</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOTTFRIED, RICHARD</b>	
STREET ADDRESS	<b>575 RANDON TERRACE</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDHAR, RUTH</b>	
STREET ADDRESS	<b>3423 IBIS DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NANUS, FRED</b>	
STREET ADDRESS	<b>4817 SHORELINE CIR.</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ERIC COHN</b>	
STREET ADDRESS	<b>335 SPARROW WOOD COURT</b>	
CITY-ST-ZIP	<b>LAKE MARY, FL 32746</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RON LIVINGSTONE</b>	
STREET ADDRESS	<b>201 MAJESTIC OAK DRIVE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT GOETZ</b>	
STREET ADDRESS	<b>1234 BAY POINT COURT</b>	
CITY-ST-ZIP	<b>LONGWOOD, FL 32750</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALAN BURNSTINE</b>	
STREET ADDRESS	<b>298 STRATFORD COURT</b>	
CITY-ST-ZIP	<b>LAKE MARY, FL 32746</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERN WEINER</b>	
STREET ADDRESS	<b>411 MENDENWOOD BLVD.</b>	
CITY-ST-ZIP	<b>EEAN PARK, FL 32726</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SUSAN LIVINGSTONE</b>	
STREET ADDRESS	<b>201 MAJESTIC OAK DRIVE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>	

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]* **RON LIVINGSTONE**

**4/28/01 407-539-1946**

CR2E037 (10/00)