

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90102 046 \*\*\*\*61.25

**DOCUMENT # N97000005019**

1. Entity Name

TEMPLE ARON HAKODESH OF ORLANDO, INC.



Principal Place of Business

1015 E SEMORAN BLVD  
SUITE 245  
CASSELBERRY FL 32707  
US

Mailing Address

1015 E SEMORAN BLVD  
SUITE 245  
CASSELBERRY FL 32707  
US

2. Principal Place of Business

541 Green Spg Cir  
Suite, Apt. #, etc.

3. Mailing Address

541 Green Spg Cir  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

WINTER SPRS FL

City & State

WINTER SPRS FL

4. FEI Number 59-3466446

Applied For

Not Applicable

Zip

32708

Country

SEMINOLE

Zip

32708

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANDFORD, AUDREY  
1015 E SEMORAN BLVD  
SUITE 245  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name (SAME)

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

541 GREEN SPG CIR

City WINTER SPRS FL

FL

Zip Code

32708

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 Audrey Sandford

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SANDFORD, RANDY ☐ Delete  
STREET ADDRESS 1015 E SEMORAN BLVD, SUITE 245-  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE DT  
NAME BLUM, HELAINE ☒ Delete  
STREET ADDRESS 1015 E SEMORAN BLVD, SUITE 245  
CITY-ST-ZIP CASSELBERRY FL 32718

TITLE DS  
NAME SANDFORD, AUDREY ☐ Delete  
STREET ADDRESS 1015 E SEMORAN BLVD, SUITE 245-  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE DVP  
NAME STANLEY, FRED ☒ Delete  
STREET ADDRESS 1015 E SEMORAN BLVD STE 245  
CITY-ST-ZIP CASSELBERRY FL 32707

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 DT  
NAME ARICK SANDFORD ☐ Change ☒ Addition  
STREET ADDRESS 541 GREEN SPG CIR  
CITY-ST-ZIP WINTER SPRS FL 32708 treasurer

TITLE DS  
NAME JORDAN SANDFORD ☐ Change ☒ Addition  
STREET ADDRESS 11596 PAMPLONA BLVD  
CITY-ST-ZIP BOYNTON BEACH FL 33437 secr.

TITLE VICE PRESIDENT  
NAME AUDREY SANDFORD ☒ Change ☐ Addition  
STREET ADDRESS 541 Green Spring Circle  
CITY-ST-ZIP Wintersprings, FL 32708 vice pres.

TITLE  
NAME RANDY SANDFORD - pres. ☒ Change ☐ Addition  
STREET ADDRESS 541 Green Spring Circle  
CITY-ST-ZIP Wintersprings, FL 32708 president

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

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

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 RANDY SANDFORD

Date 9/9/03

407-595-4110

CR2E037 (4/03)