

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003635

1. Entity Name

TEMPLE BETH AM ENDOWMENT FUND FOR THE FUTURE, IN

Principal Place of Business

Mailing Address

5950 N. KENDALL DRIVE
MIAMI FL 33156

5950 N. KENDALL DRIVE
MIAMI FL 33156-2068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

3/3/00 90106601 \$1.25
4. FEI Number 65-0880512

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

FIELDSTONE, RONALD R
200S BISCAYNE BLVD
SUITE 2100
MIAMI FL 33131

Name JAY ROSSIN

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

2699 S. Bayshore Dr Apt 6D

City Miami,

FL

Zip Code 33133

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	D	<input type="checkbox"/> Delete
NAME	CROSS, HOWARD	
STREET ADDRESS	5950 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 37156-2068	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOLAN, JAMES Q	
STREET ADDRESS	5950 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSIN, JAY	
STREET ADDRESS	5950 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	YULMAN, RICHARD	
STREET ADDRESS	5950 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLOMON, JACOB	
STREET ADDRESS	4200 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYTON, BARRY	
STREET ADDRESS	5950 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, HOWARD	
STREET ADDRESS		
CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYTON, HARRY	
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)(a), 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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)