

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90074 002 ****70.00

DOCUMENT # 708808

Entity Name
CONGREGATION SCHAARAI ZEDEK

1. Principal Place of Business Mailing Address
 3303 W. SWANN AVE. 3303 W. SWANN AVE.
 TAMPA FL 33609-1699 TAMPA FL 33609-4643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1394424 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROBERT E. BROWN
3303 W SWANN AVE
TAMPA FL 33609

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete	
NAME	KLEINMAN, LEONARD L.		
STREET ADDRESS	5700 MARINER DR. #301		
CITY-ST-ZIP	TAMPA FL 33609		
TITLE	TD	<input checked="" type="checkbox"/> Delete	
NAME	FIRESTONE, RENA L.		
STREET ADDRESS	3047 SAMARA DR.		
CITY-ST-ZIP	TAMPA FL 33618		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	LEWIS, SALLY		
STREET ADDRESS	3306 WESTMORELAND DR.		
CITY-ST-ZIP	TAMPA FL 33618		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Andrew Titen		
STREET ADDRESS	5006 Garrick Court		
CITY-ST-ZIP	Tampa, FL 33624-2531		
TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Deborah Rosenthal		
STREET ADDRESS	1907 S. Bendelow Trail		
CITY-ST-ZIP	Tampa, FL 33629		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Sally Lewis		
STREET ADDRESS	3306 Westmoreland Drive		
CITY-ST-ZIP	Tampa, FL 33618-2156		
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: _____ DATE: _____
Signature and typed or printed name of signing officer or director

CR2E037 (9/99)