

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91195 037 \*\*\*\*61.25

**DOCUMENT # 723822**

1. Entity Name

**BETH SHALOM CONGREGATION, NC.**

Principal Place of Business

**4072 SUNBEAM ROAD  
MANDARIN FL 32257**

Mailing Address

**4072 SUNBEAM ROAD  
MANDARIN FL 32257**

2. Principal Place of Business

**4072 Sunbeam Road**  
Suite, Apt. #, etc.

3. Mailing Address

**4072 Sunbeam Road**  
Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32257-8813**

Country

**Duval**

Zip

**32257-8813**

Country

**Duval**

4. FEI Number

**59-1404058**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ZISSER, BARRY L ESQUIR  
1 INDEPENDENT DR  
STE 3306  
JACKSONVILLE FL 32202**

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

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MYERS, MARLENE<br>2619 TACITO TRAIL<br>JACKSONVILLE FL 32223           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MATOREN, HARVEY<br>8863 HEAVENSIDE CT<br>JACKSONVILLE FL 32257          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VED<br>BRANFMAN, VERA<br>2909 ST JOHNS AV 19<br>JACKSONVILLE FL 32205        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VID<br>CANTOR, ANDREW<br>4455 SEABREEZE DR<br>JACKSONVILLE BEACH FL 32250    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VC<br>MALLOW, EDWARD<br>11643 MAGNOLIA ESTATES ROAD<br>JACKSONVILLE FL 32223 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                       |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Charles R Sussman<br>9572 Watertord Rd<br>Jacksonville, FL 32257 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D V<br>Marshall Hodz                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)