

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90002 020 ****61.25

DOCUMENT # 731155

1. Entity Name

TEMPLE BETH SHALOM AT PALM COAST, INC.

Principal Place of Business

Mailing Address

**40 WELLINGTON DR
P.O. BOX 320557
PALM COAST FL 32164
US**

**WELLINGTON DRIVE
P.O. BOX 320557
PALM COAST FL 32135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2086073

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIUMENTO, MICHAEL D
4 OLD KINGS RD.,N.
PALM COAST FL 32037**

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)

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 Delete
NAME **PD WEISS, GLADYS**
STREET ADDRESS **70 WEDGEWOOD LN**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **V GOLDBERG, MURRAY**
STREET ADDRESS **7 WAYSIDE PL**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD NADLER, CRAIG**
STREET ADDRESS **14 BANNER LANE**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD BARRON, JOSEPH**
STREET ADDRESS **30 COCONUT CT**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE Change Addition
NAME **TD NORMA GRAFF**
STREET ADDRESS **12 BETH LN**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2-3-00 Date

904-445-3006 Daytime Phone #

CR2E037 (9/99)