

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737336

1. Entity Name

CONGREGATION SHOMREI TORAH OF TALLAHASSEE, INCOR

Principal Place of Business

4858 KERRY FOREST PKWY.
P.O. BOX 12983
TALLAHASSEE FL 32317

Mailing Address

4858 KERRY FOREST PKWY.
P.O. BOX 12983
TALLAHASSEE FL 32317-2983

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

59-1712600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASE, CHARLES D
3641 OCLEAN DRIVE
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name
MARTIN H. SCHNEIDERMAN
Street Address (P.O. Box Number is Not Acceptable)
1367 HIDDEN TIMBERS PLACE
City
TALLAHASSEE FL Zip Code
32312

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

Charles D Chase

Charles D Chase 1-30-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FISHMAN, TERRIE 1312 BETTON ROAD TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAPLAN, MARK 4817 BALLYGAR DRIVE TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SULLIVAN, TERRY 4133 DEERLANE DRIVE TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESS, SHARON P.O. BOX 2121 N/A TALLAHASSEE FL 32316	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHASE, CHARLES 3641 OCLEAN DRIVE TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, RICHARD 144 OLDFIELD DRIVE TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALFMAN, DICKI 6056 EVENING STAR LN TALLAHASSEE, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN GROSSMAN 4909 BALLYGAR DR TALLAHASSEE, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAROL CHENOWETH 3584 WOODHILL DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERE LEVINE 1402 NORTH RANDOLF CIR. TALLAHASSEE, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHNEIDERMAN, MARTIN H 1367 HIDDEN TIMBERS PLACE TALLAHASSEE, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYONS, SON 2302 W INDIAN HEAD DR. TALLAHASSEE, FL 32308	<input type="checkbox"/> Change <input checked="" 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:

Martin H. Schneiderman MARTIN H. SCHNEIDERMAN 1/23/00 850 9070562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90112 022 ****61.25



DO NOT WRITE IN THIS SPACE