

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N15164

1. Entity Name

CONGREGATION BETH AM OF TAMPA, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90025 050 \*\*\*\*61.25

|   |   |
|---|---|
| Principal Place of Business<br>2030 W FLETCHER AVE<br>TAMPA F 33612<br>US | Mailing Address<br>2030 W FLETCHER AVE<br>TAMPA FL 33612-1821<br>US |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip   | Country                                   |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2678553</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

6. Name and Address of Current Registered Agent

KESSLER, SEAN  
 15304 HIDDEN ARBOR CT.  
 ODESSA FL 33556

7. Name and Address of New Registered Agent

Name **LEWIS KATZ**  
 Street Address (P.O. Box Number is Not Acceptable) **8810 HEATHER GLEN CT**  
 City **TAMPA** FL Zip Code **33647**

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 **LEWIS KATZ VP DEVELOPMENT** *Jim Katz* **4/18/00**  
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 | VPD LEWIS, KATZ 8810 HEATHER GLEN CT TAMPA FL          | <input type="checkbox"/> Delete            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD YOUNG, KENNETH 1705 CARE BEND AVE TAMPA FL 33613    | <input type="checkbox"/> Delete            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KESSLER, SEAN 15304 HIDDEN ARBOR CT. ODESSA FL 33556 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BTRUCH, RON 15008 REDELIFF DR. TAMPA FL 33625       | <input type="checkbox"/> Delete            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                       |   |  |
|---------------------------------------|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FINANCIAL SECRETARY BARUCH, RON                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RITUAL MAXINE GOUASE 1666 CALICO PI TAMPA, FL 33618        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MEMBERSHIP GOLDA BRUNWILD 3401 VALENCIA RD TAMPA, FL 33618 | <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** *Jim Katz* **4/18/00** **813 627-6755**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)