

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000875

1. Entity Name

TEMPLE BET YAM, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90126 012 ****61.25

Principal Place of Business

2587 SR A1A SOUTH
ST. AUGUSTINE FL 32084
US

Mailing Address

P.O. BOX 840052
ST. AUGUSTINE FL 32084-0052
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENFIELD, PHYLLIS
101 TURTLECOVE CT
S PONTE VEDRA BCH FL 32082

Name

Joan Guglielmo

Street Address (P.O. Box Number is Not Acceptable)

488 Romano Street

City

St. Augustine

FL

Zip Code
32086

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

Joan Guglielmo

President

2-5-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME GREENFIELD, PHYLLIS
STREET ADDRESS 101 TURTLECOVE CT.
CITY-ST-ZIP S. PONTE VEDRA BEACH FL ☒ Delete

TITLE DP
NAME Joan Guglielmo
STREET ADDRESS 488 Romano St.
CITY-ST-ZIP St. Augustine, FL 32086 ☐ Change ☒ Addition

TITLE DV
NAME BESKIND, ROBERT
STREET ADDRESS 416 OCEAN DR.
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

TITLE DV
NAME Beskind, Robert
STREET ADDRESS 416 Ocean Dr.
CITY-ST-ZIP St. Augustine, FL 32084 ☒ Change ☐ Addition

TITLE D
NAME COHEN, MARTIN
STREET ADDRESS 850 A1A BEACH BLVD, #26
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Delete

TITLE DV
NAME Cohen, Martin
STREET ADDRESS 850 A1A Beach Blvd #26
CITY-ST-ZIP St. Augustine, FL 32084 ☒ Change ☐ Addition

TITLE D
NAME COHEN, ROCHELLE
STREET ADDRESS 850 A1A BEACH BLVD., #26
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GLADSTONE, CAROL
STREET ADDRESS 22 LEE DR
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PT
NAME GLADSTONE, MARC
STREET ADDRESS 22 LEE DR
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Marc Gladstone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/5/00 Daytime Phone # 904-471-4546

CR2E037 (9/99)