

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708242

1. Entity Name

TEMPLE BETH SHOLOM, INC.

Principal Place of Business

Mailing Address

5995 N WICKHAM RD
MELBOURNE FL 32940
US

5995 N WICKHAM RD
MELBOURNE FL 32940-2003
US

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

59-0993975

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

KAHN, MICHAEL H ESQUIRE
482 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

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	D	☐ Delete
NAME	SHAPIRO, MARC D	
STREET ADDRESS	609 ATLANTIC AVE	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	D	☒ Delete
NAME	ROSENBERG, ALAN	
STREET ADDRESS	4172 SPARROW HAWK RD	
CITY-ST-ZIP	MELBOURNE BCH FL 32934	
TITLE	D	☐ Delete
NAME	SHELDON, LEE	
STREET ADDRESS	610 LOGGERHEAD ISLAND DR	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	☐ Delete
NAME	SCHECHTMANN, NORBERTO	
STREET ADDRESS	7775 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	T	☒ Delete
NAME	PORTER, NORMAN	
STREET ADDRESS	704 PALMER DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	ILENE HERR	
STREET ADDRESS	400 LIGHTHOUSE LANDING	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	☐ Change ☐ Addition
NAME	CHARLES CAHN	
STREET ADDRESS	1207 PARKSIDE PLACE	
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937	
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 information empowered.

SIGNATURE:

SIGNATURE SIGNED

MARC SHAPIRO 1/26/00 (321) 254-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90010 025 ****61.25



DO NOT WRITE IN THIS SPACE