# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 17, 2003 8:00 am**
**Secretary of State**
02-14-2003 90244 027 ****61.25

DOCUMENT # 708242

1. Entity Name
TEMPLE BETH SHOLOM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5995 N WICKHAM RD<br>MELBOURNE FL 32940<br>US | 5995 N WICKHAM RD<br>MELBOURNE FL 32940<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 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 |
|---|---|
| KAHN, MICHAEL H ESQUIRE<br>482 N. HARBOR CITY BLVD.<br>MELBOURNE FL 32935 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael N. Kahn 2-5-03
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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D PRESIDENT<br>ROSENBERG, ALAN<br>4172 SPARROW HAWK RD<br>MELBOURNE FL 32934 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D VICE PRESIDENT<br>HERR, ILENE<br>400 LIGHTHOUSE LANDING<br>SATELLITE BEACH FL 32937 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE PRESIDENT | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHELDON, LEE<br>610 LOGGERHEAD ISLAND DR<br>SATELLITE BEACH FL 32937 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CRAIG DELIGDISH<br>815 SANDERLING DR<br>INDIALANTIC, FL 32903 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D VICE PRESIDENT<br>HERSTEIN, JAMES<br>925 N HWY A1A #404<br>INDIALANTIC FL 32903 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CAHN, CHARLES<br>1207 PARKSIDE PL<br>INDIAN HARBOR BEACH FL 32937 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MARC SPELLMAN<br>675 BIMINI RD<br>SATELLITE BEACH, FL 32937 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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:** Howard Shelly RED 2-6-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #