

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91747 027 ****61.25

DOCUMENT # 711527

1. Entity Name

TEMPLE SHALOM, INC.

Principal Place of Business

Mailing Address

4630 PINE RIDGE RD
 NAPLES FL 34119-4063
 US

4630 PINE RIDGE RD
 NAPLES FL 34119-4063
 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

59-2546855

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

~~TATELBAUM, CHARLES M
 3001 TAMAMI TRAIL N
 NAPLES FL 34101~~

Treiser, Richard
 4630 Pine Ridge Rd
 Naples FL 34119

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

Richard Treiser 5/15/02

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	<input type="checkbox"/> Delete
NAME	TREISER, RICHARD	
STREET ADDRESS	882 MONTEREY DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MANSFIELD, C	
STREET ADDRESS	3247 BENICIA CT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	TATELBAUM, CHARLES	
STREET ADDRESS	9216 SWEETGRASS WAY	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treiser, Richard	
STREET ADDRESS	4001 Tamiami Trail N	
CITY-ST-ZIP	Naples FL 34101	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Little, John Jr.	
STREET ADDRESS	180 Edgemere ways	
CITY-ST-ZIP	Naples FL 34105	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Starman, Sheldon	
STREET ADDRESS	4099 Tamiami Trail N	
CITY-ST-ZIP	Naples FL 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, when all other like empowered.

SIGNATURE:

Richard Treiser 5/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President/Director

CR2E037 (9/01)