

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 03, 2000 8:00 am
Secretary of State

03-17-2000 90007 046 ****61.25

DOCUMENT # 712993

1. Entity Name

CONGREGATION BETH SHOLOM, INC.

Principal Place of Business

Mailing Address

1844 - 54 ST. SOUTH
 GULFPORT FL 33707-1250

1844 - 54 ST. SOUTH
 GULFPORT FLA 33707-4250

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

59-1206467

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

ROBITSHEK, HERMAN J.
6020 SHORE BV S 1001
GULFPORT FL 33707-2838

Name **MARK JACOBS**

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

333 POCA CIEGA PT. BLVD. N.

MADEIRA BEACH

FL 33708

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 *Mark Jacobs*

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 Delete
 NAME **FSDT ROBITSHEK, HERMAN**
 STREET ADDRESS **6020 SHORE BLVD S**
 CITY-ST-ZIP **GULFPORT, FL 00000**

TITLE Change Addition
 NAME **D. Helen Hersh**
 STREET ADDRESS **7473 40th Terr #0**
 CITY-ST-ZIP **St. Petersburg FLA. 33709**

TITLE Delete
 NAME **P EINSTEIN, SAM**
 STREET ADDRESS **6348 41TH AVE. N.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TT SILVERMAN, KENNETH R**
 STREET ADDRESS **5530 80 ST. N. D-203**
 CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE Change Addition
 NAME **MARK JACOBS**
 STREET ADDRESS **333 POCA CIEGA PT. BLVD. N.**
 CITY-ST-ZIP **MADEIRA BEACH, FL. 33708**

TITLE Delete
 NAME **CSDT GAFTMAN, JEROME**
 STREET ADDRESS **4902 38 WAY S. #307**
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE Change Addition
 NAME **D. Ereta Greenbaum**
 STREET ADDRESS **6080 80th St No**
 CITY-ST-ZIP **St. Petersburg, FLA 33709**

TITLE Delete
 NAME **VP WOLFSON, BERNARD D**
 STREET ADDRESS **8006 W GULF BLVD**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE Change Addition
 NAME **V.P. SHEILA SHAYNE**
 STREET ADDRESS **121-20 7th St East**
 CITY-ST-ZIP **TREASURE ISLAND, FLA. 33706**

TITLE Delete
 NAME **D. RAYMOND CRAWFORD**
 STREET ADDRESS **588 22 AV SE.**
 CITY-ST-ZIP **St Petersburg, FLA 33705**

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)(l), 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 another like empowered.

SIGNATURE:

Sam Wolfson
SAM WOLFSON, PRESIDENT

3/7/00

(727)321-3380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)