

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90114 040 ****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 FL 33707-1250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1206467

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

JACOBS, MARK
333 BOCA CIEGA PT BLVD N
MADEIRA BEACH FL 33708

Name

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

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D**
 HERSH, HELEN
 STREET ADDRESS **7473 40TH TERR N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE Change Addition

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

TITLE Change Addition

TITLE Delete
 NAME **T**
 JACOBS, MARK
 STREET ADDRESS **333 BOCA CIEGA PT BLVD N**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE Change Addition

TITLE Delete
 NAME **D**
 GREENBAUM, GRETA
 STREET ADDRESS **6080 80TH ST N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE Change Addition

TITLE Delete
 NAME **VP**
 SHAYNE, SHEILA
 STREET ADDRESS **121-20 7TH ST E**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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: Mark Jacobs **REQUIRED** **MARK JACOBS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01 (727) 398-1615

Date Daytime Phone #

CR2E037 (10/00)