

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723822

1. Entity Name

BETH SHALOM CONGREGATION, NC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90015 009 *****61.25

0013605

Principal Place of Business

4072 SUNBEAM ROAD
MANDARIN FL 32257

Mailing Address

4072 SUNBEAM ROAD
MANDARIN FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1404058

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

ZISSER, BARRY L ESQUIR
1 INDEPENDENT DR
STE 3306
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

TITLE VD
NAME MYERS, MARLENE ☒ Delete
STREET ADDRESS 2619 TACITO TRAIL
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE P
NAME SUSSMAN, CHARLES ☐ Delete
STREET ADDRESS 9572 WATERFORD LN
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VED
NAME ZAVON, DAVID ☐ Delete
STREET ADDRESS 12143 BLACKFOOT TR
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE VTD
NAME MATOREN, HARVEY ☐ Delete
STREET ADDRESS 8863 HEAVENSIDE COURT
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VC
NAME MALLOW, EDWARD ☐ Delete
STREET ADDRESS 11643 MAGNOLIA ESTATES ROAD
CITY-ST-ZIP JACKSONVILLE FL 32223

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 P ☒ Change ☐ Addition
NAME Matoren, Harvey
STREET ADDRESS 8863 Heavenside Court
CITY-ST-ZIP Jacksonville, FL 32257

TITLE VED ☒ Change ☐ Addition
NAME Branfman, Vera
STREET ADDRESS 2909 St. Johns Avenue #19
CITY-ST-ZIP Jacksonville, FL 32205

TITLE VTD ☒ Change ☐ Addition
NAME Cantor, Andrew
STREET ADDRESS 4455 Seabreeze Drive
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Harvey Matoren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Matoren 4/3/01 (904)733-2525

Date

Daytime Phone #

CR2E037 (10/00)