

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90025 025 \*\*\*\*61.25

**DOCUMENT # 730322**

1. Entity Name  
**TEMPLE BETH DAVID JEWISH CENTER, INC.**

Principal Place of Business      Mailing Address  
 13833 E LINDEN DR      PO BOX 5361  
 SPRING HILL FL 34609      SPRING HILL FL 34611-5361  
 US      US



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                  |  |   |  |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number                    |  | Applied For   |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 59-6610984                       |  | Not Applicable  |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |                                  |  |   |  |

|   |  |  |  |  |  |    |  |          |  |
|---|--|--|--|--|--|----|--|----------|--|
| 6. Name and Address of Current Registered Agent             |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |          |  |
| FREIDMAN, SHEILA<br>2307 DRESSEL AVE<br>SPRINGHILL FL 34609 |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                     |  |                                    |  |
|-------------------------------------|--|------------------------------------|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Department of State</b> |
|-------------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GRANT, TED<br>7418 BRIDGE WATER LANE<br>SPRING HILL FL 34606 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | (P)<br>LIEBERMAN, IRWIN<br>13613 FALKIRK LANE<br>SPRING HILL, FL 34610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>LIEBERMAN<br>13613 FALKIRK LANE<br>SPRING HILL FL 34610 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V D<br>SHAW, MARLENE<br>1208 VENETIA DRIVE<br>SPRING HILL, FL 34608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BERNSTEIN, MYRA<br>5359 FRANCONIA AVE<br>SPRING HILL FL 34606 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>PARENT, DEBORAH<br>6391 EVARO AVE<br>SPRING HILL FL 34608 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD<br>SCHWARTZMAN, PETER<br>2476 SILKWOOD COURT<br>SPRING HILL, FL 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PARENT, LEON J<br>6391 E VARO AVE<br>SPRING HILL FL 34608 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V D<br>FORBES ALAN<br>5088 MERRIFIELD COURT<br>SPRING HILL, FL 34608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>TARLIN, LILLIAN<br>8148 PAGODA DRIVE<br>SPRING HILL FL 34606 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>SCHWARTZMAN, SHEILA<br>2476 SILKWOOD COURT<br>SPRING HILL, FL 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: PETER SCHWARTZMAN      352-666-  
 SECRETARY      2-17-00      9577  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)