

2001 UNIFORM BUSINESS REPORT (UBR)

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

0079778

DOCUMENT # 730322

1. Entity Name

TEMPLE BETH DAVID JEWISH CENTER, INC.

04-26-2001 90104 031 ****61.25

Principal Place of Business

13833 E LINDEN DR
 SPRING HILL FL 34609
 US

Mailing Address

PO BOX 5361
 SPRING HILL FL 34611
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6610984

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREIDMAN, SHEILA
2307 DRESSSEL AVE
SPRINGHILL FL 34609

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~VD~~ Delete
 NAME **SHAW, MARLENE**
 STREET ADDRESS **1208 VENETIA DR**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **VP AND D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **LIEBERMAN, IRWIN**
 STREET ADDRESS **13613 FALKIRK LANE**
 CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE **ST D** Change Addition
 NAME **DEBBY PARENT**
 STREET ADDRESS **EVARD AVE**
 CITY-ST-ZIP **SPRING HILL FL**

TITLE **SD** Delete
 NAME **BERNSTEIN, MYRA**
 STREET ADDRESS **5359 FRANCONIA AVE**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SCHWARTZMAN, PETER**
 STREET ADDRESS **2476 SILKWOOD CT**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **FORBES, ALLAN**
 STREET ADDRESS **5088 MERRIFIELD CT**
 CITY-ST-ZIP **SPRING HILL FL 34608**
DECEASED

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **SCHWARTZMAN, SHEILA**
 STREET ADDRESS **2476 SILKWOOD CT**
 CITY-ST-ZIP **SPRING HILL FL 34606**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Schwartzman

4-VD-01

352-666-9577

Date

Daytime Phone #

CR2E037 (10/00)