

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-23-2002 90355 020 ****61.25

DOCUMENT # 730322

1. Entity Name

TEMPLE BETH DAVID JEWISH CENTER, INC.

Principal Place of Business

Mailing Address

13833 E LINDEN DR
 SPRING HILL FL 34609
 US

PO BOX 5361
 SPRING HILL FL 34611
 US

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 **59-6610984**

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

FREIDMAN, SHEILA
2307 DRESSEL AVE
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

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: **VPD**
 NAME: **SHAW, MARLENE** Delete
 STREET ADDRESS: **1208 VENETIA DR**
 CITY-ST-ZIP: **SPRING HILL FL 34608**

TITLE: **P**
 NAME: **Marlene Shaw Kaylor** Change Addition
 STREET ADDRESS: **1208 Venetia Dr**
 CITY-ST-ZIP: **Spring Hill, FL 34608**

TITLE: **P**
 NAME: **LIEBERMAN, IRWIN** Delete
 STREET ADDRESS: **13813 FALKIRK LANE**
 CITY-ST-ZIP: **SPRING HILL FL 34610**

TITLE: **VPD**
 NAME: **Dr. Sheldon Alter** Change Addition
 STREET ADDRESS: **8208 Sugarbush Dr**
 CITY-ST-ZIP: **Spring Hill, FL 34606**

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

TITLE: **FSD**
 NAME: **Myra Bernstein** Change Addition
 STREET ADDRESS: **3474 Portillo Rd #20**
 CITY-ST-ZIP: **Spring Hill, FL 34609**

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

TITLE: **VP**
 NAME: **Dr. Jim Marshall** Change Addition
 STREET ADDRESS: **4310 Hunters Pass**
 CITY-ST-ZIP: **Brooksville, FL 34609**

TITLE: **SD**
 NAME: **PARENT, DEBBY** Delete
 STREET ADDRESS: **EVARD AVENUE**
 CITY-ST-ZIP: **SPRING HILL FL**

TITLE: **TD**
 NAME: **Deborah Parent** Change Addition
 STREET ADDRESS: **6391 Evaro Ave**
 CITY-ST-ZIP: **Spring Hill, FL 34608**

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

TITLE: **RSD**
 NAME: **Marilyn Marshall** Change Addition
 STREET ADDRESS: **4310 Hunters Pass**
 CITY-ST-ZIP: **Brooksville, FL 34609**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Deborah Parent, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02
 Date

1-352-5965001
 Daytime Phone #

CR2E037 (9/01)

Attachment
Document # 730322

Temple Beth David Jewish Center

89395

P.O. Box 5361

Spring Hill, Florida 34611

May 3, 2002

**Division of Corporations
P. O. Box 1500
Tallahassee, Fl. 32302-1500**

Reference Number: 730322

This is in response to your letter dated April 28, 2002. I have filled in the proper information on the form as requested. I am also typing it out on this letter in order to be sure that it is clear.

**P Marlene Shaw Praglor
 1208 Venetia Dr.
 Spring Hill, Fl. 34608**

**VPD Dr. Sheldon Alter
 8208 Sugarbush Dr.
 Spring Hill, Fl. 34606**

**FSD Myra Bernstein
 3474 Portillo Rd. #20
 Spring Hill, Fl. 34609**

**VPD Dr. Jim Marshall
 4310 Hunters Pass
 Brooksville, Fl. 34609**

**TD Deborah Parent
 6391 Evaro Ave.
 Spring Hill, Fl. 34608**

**RSD Marilyn Marshall
 4310 Hunters Pass
 Brooksville, Fl. 34609**

Sincerely,

Deborah Parent

Deborah Parent