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Aug 06, 2002 8:00 am
Secretary of State

03-11-2002 90075 024 ****61.25
07-17-2002 90135 016 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735920

1. Entity Name

CONGREGATION BETH SHALOM

Principal Place of Business

1325 S. BELCHER RD.
CLEARWATER FL 34624

Mailing Address

1325 S. BELCHER RD.
CLEARWATER FL 34624

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-1290855

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARC A.B. SILVERMAN
509 S. GREENWOOD AVE
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name
Eileen Jacobs

Street Address (P.O. Box Numbers Not Acceptable)
2711 Redford Co. E.

City
Clearwater FL Zip Code
33701

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eileen Jacobs*

7/9/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARC A.B. SILVERMAN 509 S GREENWOOD CLEARWATER FL 35756	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECKERMAN, STEVEN 1373 FORESTEDGE BLVD OLDSMAR FL 34877	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAUL APPLEFIELD 1887 DEL ROBLES TERR LARGO FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IGEL, RONI <i>Part President</i> 2804 BLUFFS DRIVE LARGO FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLONE, EILEEN J 2711 REDFORD COURT EAST CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHANE, MICHAEL <i>V.P. Operations</i> 104 ANNWOOD ROAD PALM HARBOR FL 34685	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Silvera 3136 Timberview Dr. Dunedin FL 34058	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robyn Fiel 265 120th Ave Treasure Island FL 33704	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Irv Kety 2095 Sunset Point Rd #1903 Clearwater FL 33705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eileen Jacobs 2711 Redford Co. E. Clearwater FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <i>Eileen Jacobs</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CPRE 037 (4/02)

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 reports 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 817, 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 officers empowered.

SIGNATURE: *MARC A.B. SILVERMAN*

7/9/02

Date

727-531-4118

Daytime Phone #