

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736490

1. Entity Name

**BEVERLY HILLS JEWISH CENTER - CONGREGATION BETH SHOLOM, INC.**

Principal Place of Business

ONE CIVIC CIRCLE  
BEVERLY HILLS FL 34465  
US

Mailing Address

P.O. BOX 640024  
BEVERLY HILLS FL 34464-0024  
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

23-7075223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAVITT, SONYA  
864 W GLEASON ST  
BEVERLY HILLS FL 34465

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 **P** ☐ Delete  
NAME **LEAVITT, LESLIE**  
STREET ADDRESS **864 W GLEASON ST**  
CITY-ST-ZIP **BEVERLY HILLS FL**

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

TITLE **PD** ☐ Delete  
NAME **WINOGRAD, DON**  
STREET ADDRESS **2820 N BRENTWOOD CIRCLE**  
CITY-ST-ZIP **LECANTO FL 34461**

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

TITLE **VP** ☐ Delete  
NAME **FLATOW, SANDRA**  
STREET ADDRESS **50 S DAVIS ST**  
CITY-ST-ZIP **BEVERLY HILLS FL**

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

TITLE **S** ☐ Delete  
NAME **LEAVITT, SONYA**  
STREET ADDRESS **864 W GLEASON ST**  
CITY-ST-ZIP **BEVERLY HILLS FL**

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

TITLE **TD** ☐ Delete  
NAME **WIENER, MORTON**  
STREET ADDRESS **45 S. TYLER ST.**  
CITY-ST-ZIP **BEVERLY HILLS FL**

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

TITLE **FSD** ☐ Delete  
NAME **FLATOW, HENRY**  
STREET ADDRESS **50 S DAVIS ST**  
CITY-ST-ZIP **BEVERLY HILLS FL**

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:

*MORTON A WIENER* EQUI

1/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90175 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE