

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740673

1. Entity Name

THE SISTERHOOD OF TEMPLE BETH SHOLOM, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

02-23-2000 90009 024 ****61.25

07-25-2000 90003 035 ****61.25

Principal Place of Business

5995 N WICKHEA ROAD
MELBOURNE FL 32940
US

Mailing Address

5995 N. WICKHAM RD
MELBOURNE FL 32940
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0993975

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHIFF, RHONDA
472 LANTERNBECK S. DR.
SATELLITE BEACH FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

Lanternback

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

After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HITNER, CAROL	
STREET ADDRESS	1905 S. A1A #325	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, JEANNETTE	
STREET ADDRESS	561 CRYSTAL LAKE DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALTZMAN, GREER	
STREET ADDRESS	562 LANTERNBACK ISLAND	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHIFF, RHONDA	
STREET ADDRESS	472 LANTERNBACK ISL. DR.	
CITY-ST-ZIP	SATELLITE BCH. FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria Mandel	
STREET ADDRESS	2720 N. Riverside Drive	
CITY-ST-ZIP	Indianapolis, FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 R. H. H. H. H.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/00 321 254-6333

Date

Daytime Phone #

CR2E037 (5/00)