

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740673

1. Entity Name

THE SISTERHOOD OF TEMPLE BETH SHOLOM, INC.

Principal Place of Business

5995 N WICKHAM ROAD
MELBOURNE FL 32940
US

Mailing Address

5995 N. WICKHAM RD
MELBOURNE FL 32940
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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

TITLE PD
NAME MANDEL, GLORIA
STREET ADDRESS 2720 NORTH RIVERSIDE DRIVE
CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Delete

TITLE D
NAME GOLDBERG, JEANNETTE
STREET ADDRESS 561 CRYSTAL LAKE DR
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE V
NAME PINSKY, STEPHANIE
STREET ADDRESS 619 AUTUMN GLEN DRIVE
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE TD
NAME SCHIFF, RHONDA
STREET ADDRESS 472 LANTERNBACK ISL. DR.
CITY-ST-ZIP SATELLITE BCH. FL 32937 ☐ Delete

TITLE SD
NAME SHELDON, ELEANOR
STREET ADDRESS 610 LOGGERHEAD ISLAND DRIVE
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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: Rhonda Schiff Rhonda Schiff 3/4/02 321 773-2208

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90019 003 ****61.25

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DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)