

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90069 019 ****61.25

DOCUMENT # 741237

1. Entity Name

CONGREGATION OF BETH AM, INCORPORATED

Principal Place of Business

Mailing Address

3899 SAND LAKE RD.
 LONGWOOD FL 32779

3899 SAND LAKE RD.
 LONGWOOD FL 32779

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

59-2570603

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

MCVAY, MAUREEN
3899 SAND LAKE ROAD
LONGWOOD FL 32779

Name **DANIEL F. WILLIAMS**

Street Address (P.O. Box Number is Not Acceptable)
3899 SAND LAKE ROAD

Ken

City **LONGWOOD**

FL

Zip Code **32779**

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 *Daniel F. Williams*, Treasurer *Daniel F. Williams* 4/25/02
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	PE	<input checked="" type="checkbox"/> Delete
NAME	SOLOMON, GEOGGREY	
STREET ADDRESS	926 RIDGE SPRING CT	
CITY-ST-ZIP	APOPKA FL 33712	
TITLE	PED	<input type="checkbox"/> Delete
NAME	GOLUB, JEFF	
STREET ADDRESS	2234 BLOSSMWOOD DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	ADM	<input checked="" type="checkbox"/> Delete
NAME	MCVAY, MAUREEN	
STREET ADDRESS	3899 SAND LAKES RD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAN	
STREET ADDRESS	110 SHADOW LAKE DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	BVPD	<input checked="" type="checkbox"/> Delete
NAME	GOLDSMITH, SHELDON	
STREET ADDRESS	127 TINDALE CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	BVP	<input type="checkbox"/> Delete
NAME	WEISSTEIN, STEVE	
STREET ADDRESS	154 ACADEMY OAKS PLACE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	BVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK DAVINS	
STREET ADDRESS	429 WILLOW BROOK LANE	
CITY-ST-ZIP	LONGWOOD, FLORIDA 32779	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE MAYER	
STREET ADDRESS	432 VILLAGE VIEW LANE	
CITY-ST-ZIP	LONGWOOD, FLORIDA 32779	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE SIEGEL	
STREET ADDRESS	701 CLUB RIDGE COURT	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLENE LEVIN	
STREET ADDRESS	200 HUNT CLUB COURT	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK SCHULMAN	
STREET ADDRESS	5925 GOLDEN PINE COURT	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY LEVINE	
STREET ADDRESS	199 CARTER CLUB TRAIL	
CITY-ST-ZIP	LONGWOOD, FL 32779	

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 REQUIRED* Treasurer 4/25/02 774-1990
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)