

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**  
 04-16-2002 90139 007 \*\*\*\*61.25

**DOCUMENT # N01000002893**

1. Entity Name

**MA'AYAN CONSERVATIVE SYNAGOGUE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 11226  
 NAPLES FL 34101-1226

P.O. BOX 11226  
 NAPLES FL 34101-1226

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

**59-3713371**

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

**SAMOTIN, SHERI L**  
**3921 ISLA CIUDAD COURT**  
**NAPLES FL 34109**

Name **Samotin, Sheri L.**

Street Address (P.O. Box Number is Not Acceptable)  
**5092 Post Oak Lane**

City **Naples**

**FL**

Zip Code **34105**

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

*Sheri Samotin*

**4-2-02**

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 ☐ Delete  
 NAME **President**  
 STREET ADDRESS **Sheri Samotin**  
 CITY-ST-ZIP **5092 Post Oak Ln**  
**Naples FL 34105**

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

TITLE ☐ Delete  
 NAME **Margie Stein**  
 STREET ADDRESS **Secretary**  
 CITY-ST-ZIP **216 Monterey Drive**  
**Naples FL 34119**

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

TITLE ☐ Delete  
 NAME **Treasurer**  
 STREET ADDRESS **Jeffrey Siegal**  
 CITY-ST-ZIP **35 Hastings Place**  
**Naples FL 34104**

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

TITLE ☐ Delete  
 NAME **Trustee**  
 STREET ADDRESS **Brandon Goldsmith**  
 CITY-ST-ZIP **2264 Heritage Greens**  
**Naples FL 34119**

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

TITLE ☐ Delete  
 NAME **Trustee**  
 STREET ADDRESS **Philip Jason**  
 CITY-ST-ZIP **12823 Valewood Dr.**  
**Naples FL 34119**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 67, 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:

*Sheri Samotin*

**4-2-02 (329) 593-8690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)