


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N02000006261</b>				
1. Entity Name <b>CONGREGATION BEIT CHAVERIM OF SARASOTA, INC.</b>				
Principal Place of Business 4269 CAROL ANN ROAD SARASOTA, FL 34233		Mailing Address 4269 CAROL ANN ROAD SARASOTA, FL 34233		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent <b>CEPPPOS, GERALD L (GERALD)</b> 4269 CAROL ANN ROAD SARASOTA, FL 34233				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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent's signature required when missing) DATE _____				
<b>FILE NOW. FEES \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	<b>D KVZ NETZ</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLUZEPZ ESTHER</b>		NAME	
STREET ADDRESS	<b>1238 RHODES AVE</b>		STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34233 34239</b>		CITY-ST-ZIP	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CEPPPOS, CHERYL S</b>		NAME	
STREET ADDRESS	<b>4269 CAROL ANN RD</b>		STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34233</b>		CITY-ST-ZIP	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CEPPPOS, GERALD L</b>		NAME	
STREET ADDRESS	<b>4269 CAROL ANN RD</b>		STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34233</b>		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: <i>Esther Kluzepz</i>		Date: <i>4/23/03</i>		Daytime Phone #: <i>941-371-3913</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

11023883



CHECK HERE IF MAKING CHANGES

4. FEI Number **52-278-6525** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CR20037 (10/02)