

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09397

1. Entity Name

CONGREGATION BETH SHALOM OF COCONUT CREEK, INC.

Principal Place of Business

1447 LYONS ROAD  
COCONUT CREEK FL 33063

Mailing Address

1447 LYONS ROAD  
COCONUT CREEK FL 33063-3929

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

59-2531428

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

FRIEDMAN, HY  
2003 GRANADA DR.  
APT. L-1  
COCONUT CREEK FL 33063

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete  
FVP  
KATZ, KURT  
STREET ADDRESS  
2465 GINGER AVENUE  
CITY-ST-ZIP  
COCONUT CREEK FL 33063

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

TITLE NAME ☐ Delete  
T  
COHEN, ROSE K  
STREET ADDRESS  
3101 PORTOFIND PT H 1  
CITY-ST-ZIP  
COCONUT CREEK FL 33063

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

TITLE NAME ☐ Delete  
P  
MILDEN, BENJAMIN  
STREET ADDRESS  
3003 PORTOFINO ISLE D2  
CITY-ST-ZIP  
COCONUT CREEK FL

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

TITLE NAME ☐ Delete  
TTR  
FRIEDMAN, HY  
STREET ADDRESS  
2003 GRANADA DRIVE L-1  
CITY-ST-ZIP  
COCONUT CREEK FL

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

TITLE NAME ☐ Delete  
TR  
SCHWARTZ, MIRIAM  
STREET ADDRESS  
2003 GRANADA DR L-2  
CITY-ST-ZIP  
COCONUT CREEK FL 33066

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*Bryant M. Glynn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

954-975-4666  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)