

2001 UNIFORM BUSINESS REPORT-(UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

04-09-2001 90083 042 ****61.25

DOCUMENT # N09397
1. Entity Name
CONGREGATION BETH SHALOM-OF COCONUT CREEK, INC.

Principal Place of Business Mailing Address
1447 LYONS ROAD **1447 LYONS ROAD**
COCONUT CREEK FL 33063 **COCONUT CREEK FL 33063**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FRIEDMAN, HY
2003 GRANADA DR.
APT. L-1
COCONUT CREEK FL 33063

7. Name and Address of New Registered Agent
Name **Paul I. Leonard**
Street Address (P.O. Box Number is Not Acceptable)
3301 Aruba Way
Apt. C-1
City **Coconut Creek** FL Zip Code **33066**

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 **Treasurer** DATE **3/28/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$81.25 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 STREET ADDRESS CITY-ST-ZIP	FVP KATZ, KURT 2465 GINGER AVENUE COCONUT CREEK FL 33083 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A Izold Spaizer 2803 Victoria Way H-1 Coconut Creek, FL 33066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, ROSE K 3101 PORTOFIND PT H 1 COCONUT CREEK FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILDEN, BENJAMIN 3003 PORTOFINO ISLE D2 COCONUT CREEK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR FRIEDMAN, HY 2003 GRANADA DRIVE L-1 COCONUT CREEK FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Paul I. Leonard 3301 Aruba Way Coconut Creek, FL 33066 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SCHWARTZ, MIRIAM 2003 GRANADA DR L-2 COCONUT CREEK FL 33068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sarah Lichstein 2006 Granada Dr. Coconut Creek, FL 33066 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Colleen Sanders 4130 NW 22 St. Coconut Creek, FL 33066 <input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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 817, 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 empowerments.
SIGNATURE: **SIGNATURE REQUIRED** DATE **3/28/01** DAYTIME PHONE # **954 975-4666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR