

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25252

1. Entity Name

CONGREGATION B'NAI ISRAEL OF ST. PETERSBURG, FLO

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90027 031 ****61.25

Principal Place of Business 301 59TH ST. N. ST. PETERSBURG FL 33710	Mailing Address 301 59TH ST. N. ST. PETERSBURG FL 33710-7806
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 300 - 58th Street North Suite, Apt. #, etc.	3. Mailing Address 300 - 58th Street North Suite, Apt. #, etc.
City & State St. Petersburg, Fl.	City & State St. Petersburg, Fl.
Zip 33710	Country Pinellas

4. FEI Number 59-0747302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUDIN, ERIC
 PIPER & LUDIN, P.A.
 5720 CENTRAL AVE.
 ST. PETERSBURG FL 33707

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.

SIGNATURE *Judith F. Gordon* DATE 05/23/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, JUDITH 9029 BAYWOOD PARK DR N. SEMINOLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD HALPRIN, DAVID 241 74TH ST N. ST. PETERSBURG FL 33710 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD SLOMKA, SANDY 7993-10TH AVE. S. ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP SILVERBURG, SHELLY 6102 KIPPS COLONY DR W GULFPORT FL 33707 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP BORNSTEIN, MORRIS 8422 MERRILL CIRCLE LARGO FL 33777 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHER, KAREN 8651 MAIDSTONE CT LARGO FL 33777 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VPD Laurie Reiskind 1216 Darling-Oak Circle-NE St. Petersburg, Fl. 33703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Naomi Berg 1919 Oxford Street N. St. Petersburg, Fl. 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD 13356 - 88th Avenue North Seminole, Fl. 33776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judith F. Gordon* President 05-23-00 727-381-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)