

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28363

1. Entity Name

CONGREGATION BETH SHOLOM OF LAKE COUNTY, FLORIDA

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90025 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

127 WEST MAIN STREET  
 C/O GETZEL MULARSKY  
 LEESBURG FL 34748

127 WEST MAIN STREET  
 C/O GETZEL MULARSKY  
 LEESBURG FL 34748-5171



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2142219

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARCUS, EDWARD A  
 1502 NEW ABBEY AVENUE  
 LEESBURG FL 34788

Name Debra A. Mularsky

Street Address (P.O. Box Number is Not Acceptable)  
211 S. Nursery Rd

City Leesburg FL Zip Code 34748

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 Debra A. Mularsky Debra A. Mularsky 4/15/00  
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

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TITLE	NAME	TITLE	NAME
PD	SHANKY, AL		
9720 FAIRWAY CIR	LEESBURG FL 34788		
VPD	SCHAFFER, MICHAEL		
33205 COVENTRY DRIVE	LEESBURG FL		
DT	MARCUS, ED	DT	Mularsky Debra
1502 NEW ABBEY AVE	LEESBURG FL 34788	211 S. Nursery Rd.	Leesburg, FL 34748

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: Debra A. Mularsky Debra A. Mularsky 4/15/00 326-3432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)