

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90008 048 ****61.25

0015408

DOCUMENT # N28363

1. Entity Name

CONGREGATION BETH SHOLOM OF LAKE COUNTY, FLORIDA

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

C0074852



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

MULARSKY, DEBRA
 211 S. NURSERY RD.
 LEESBURG FL 34748

Name

ALAN MORGENSTERN

Street Address (P.O. Box Number is Not Acceptable)

2406 TWICKINGHAM CT.

City

CLERMONT

FL

Zip Code

34711

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

Alan Morgenstern - Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/1/01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 PD Delete
 NAME SHANKY, AL
 STREET ADDRESS 9720 FAIRWAY CIR
 CITY-ST-ZIP LEESBURG FL 34788

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME SCHAFFER, MICHAEL
 STREET ADDRESS 33205 COVENTRY DRIVE
 CITY-ST-ZIP LEESBURG FL

TITLE Change Addition
 NAME **VP STEPHANIE MORGENSTERN**
 STREET ADDRESS **2406 TWICKINGHAM CT.**
 CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE DT Delete
 NAME MULARSKY, DEBRA
 STREET ADDRESS 211 S NURSERY RD.
 CITY-ST-ZIP LEESBURG FL 34748

TITLE Change Addition
 NAME **TD ALAN MORGENSTERN**
 STREET ADDRESS **2406 TWICKINGHAM CT.**
 CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
 NAME
 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:

Alan Morgenstern

ALAN MORGENSTERN

8/1/01

(352) 243-5750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (5/01)