

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 24, 2003 8:00 am  
Secretary of State

02-24-2003 90956 025 \*\*\*\*61.25

0081409

**DOCUMENT # N28363**

1. Entity Name  
**CONGREGATION BETH SHOLOM OF LAKE COUNTY, FLORIDA  
, INC.**



Principal Place of Business  
**127 WEST MAIN STREET  
C/O GETZEL MULARSKY  
LEESBURG FL 34748**

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

2. Principal Place of Business  
**315 NORTH 13<sup>TH</sup> ST.**

3. Mailing Address  
**2406 TWICKINGHAM CT**



CHECK HERE IF MAKING CHANGES

City & State  
**LEESBURG, FL**

City & State  
**CLERMONT, FL**

4. FEI Number **59-2142219**

Applied For  
Not Applicable

Zip  
**34748**

Country  
**LAKE**

Zip  
**34711**

Country  
**LAKE**

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

**MORGENSTERN, ALAN  
2406 TWICKINGHAM CT  
CLERMONT FL 34711**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SHANKY, AL	9720 FAIRWAY CIR	LEESBURG FL 34788	<input type="checkbox"/>
VD	MORGENSTERN, STEPHANIE	2406 TWICKINGHAM CT	CLERMONT FL 34711	<input type="checkbox"/>
DT	MORGENSTERN, ALAN	2406 TWICKINGHAM CT	CLERMONT FL 34711	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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 2/16/03 (352) 240-5650)