

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90080 049 ****61.25

DOCUMENT # N38485

1. Entity Name

CONGREGATION BETH SHALOM OF BRANDON, INC.

Principal Place of Business

Mailing Address

**BOX 348
VALRICO FL 33594**

**BOX 348
VALRICO FL 33595-0348**

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

59-3026396

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

7. Name and Address of New Registered Agent

**RABINOWITZ, MARK
2006 OAK ISLE CT
VALRICO FL 33594**

Name **ERIC N MILLER**

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

404 APACHE TR

City **BRANDON**

FL

Zip Code **33595**

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

ERIC N. MILLER, TREASURER

4-10-00

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

TITLE Delete
 NAME **VD SPERRY, BRUCE**
 STREET ADDRESS **1902 N GOLFVIEW DR**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD EDELSON, JOEL**
 STREET ADDRESS **502 FINGER LAKES PL**
 CITY-ST-ZIP **SEFFNER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD GLASER, RICHARD**
 STREET ADDRESS **122 CACTUS RD**
 CITY-ST-ZIP **SEFFNER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S CARMODY, JOY**
 STREET ADDRESS **2613 HAMPTON PARK PLACE**
 CITY-ST-ZIP **SEFFNER FL**

TITLE Change Addition
 NAME **S TOBY KOCH**
 STREET ADDRESS **3001 SPRAWLING OAKS PL.**
 CITY-ST-ZIP **VALRICO FL, 33594**

TITLE Delete
 NAME **T RABINOWITZ, MARK**
 STREET ADDRESS **2006 OAK ISLE CT**
 CITY-ST-ZIP **VALRICO FL**

TITLE Change Addition
 NAME **T ERIC N. MILLER**
 STREET ADDRESS **404 APACHE TR**
 CITY-ST-ZIP **BRANDON FL 33595**

TITLE Delete
 NAME **S ROGOVIN, ROBIN**
 STREET ADDRESS **3810 COLD CREEK DR**
 CITY-ST-ZIP **VALRICO FL 33594**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **FREDERIC N. MILLER TREASURER 4-10-00**

Date

Daytime Phone #

CR2E037 (9/99)