

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90003 003 ****61.25

DOCUMENT # **N38485**

1. Entity Name

CONGREGATION BETH SHALOM OF BRANDON, INC.

Principal Place of Business

**BOX 348
 VALRICO FL 33594**

Mailing Address

**BOX 348
 VALRICO FL 33594**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

706 BRYAN Rd

Suite, Apt. #, etc.

3. Mailing Address

706 BRYAN Rd.

Suite, Apt. #, etc.

City & State

BRANDON, FL

City & State

BRANDON, FL

4. FEI Number

59-3026396

Applied For

Not Applicable

Zip

Country

33511 USA

Zip

Country

33511 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, ERIC N
 404 APACHE TR
 BRANDON FL 33595**

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

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
 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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPERRY, BRUCE	
STREET ADDRESS	1902 N GOLFVIEW DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDELSON, JOEL	
STREET ADDRESS	502 FINGER LAKES PL	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLASER, RICHARD	
STREET ADDRESS	122 CACTUS RD	
CITY-ST-ZIP	SEFFNER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOCK, TOBY	
STREET ADDRESS	3001 SPRAWLING OAKS PL	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, ERIC N	
STREET ADDRESS	404 APACHE TR	
CITY-ST-ZIP	BRANDON FL 33595	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROGOVIN, ROBIN	
STREET ADDRESS	3810 COLD CREEK DR	
CITY-ST-ZIP	VALRICO FL 33594	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Rogovin	
STREET ADDRESS	3810 Cold Creek Dr	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Jacobson	
STREET ADDRESS	4607 CLARKSDALE LA	
CITY-ST-ZIP	BRANDON FL 33511	

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 REQUIRED

7-26-01

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