

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90061 025 \*\*\*\*70.00

0003461

**DOCUMENT # N42294**

1. Entity Name  
**CONGREGATION SHALOM YISRAEL, INC.**

(CA)

Principal Place of Business      Mailing Address  
**700 COLUMBUS WAY      700 COLUMBUS WAY**  
**LONGWOOD FL 32750-6507      LONGWOOD FL 32750-6507**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3058440</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>PERMISON, HARVEY</b> <b>700 COLUMBUS WAY</b> <b>LONGWOOD FL 32750</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<p><b>FILE NOW: FEE IS \$61.25</b>  <b>After September 12, 2001, min. will be \$236.25</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>	<p><b>Make Check Payable to Department of State</b></p>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PERMISON, HARVEY</b>			NAME			
STREET ADDRESS	<b>700 COLUMBUS WAY</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LONGWOOD FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLLAND, GEORGE</b>			NAME			
STREET ADDRESS	<b>210 NUN ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>WILMINGTON NC</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KEYES, JERRY</b>			NAME	<b>NICH THOMPSON</b>		
STREET ADDRESS	<b>526 EMERALD RD</b>			STREET ADDRESS	<b>4921 S. US HWY 17-92</b>		
CITY-ST-ZIP	<b>OCALA, FL</b>			CITY-ST-ZIP	<b>CASSELBERRY, FL 32707-3813</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* **9-05-01 407 332-9000**

CR2E037 (5/01)