

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42294

1. Entity Name

CONGREGATION SHALOM YISRAEL, INC.

Principal Place of Business

700 COLUMBUS WAY
LONGWOOD FL 32750-6507

Mailing Address

700 COLUMBUS WAY
LONGWOOD FL 32750-6507

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

59-3058440

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERMISON, HARVEY
700 COLUMBUS WAY
LONGWOOD FL 32750

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 D ☐ Delete
NAME PERMISON, HARVEY
STREET ADDRESS 700 COLUMBUS WAY
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ Delete
NAME HOLLAND, GEORGE
STREET ADDRESS 210 NUN ST
CITY-ST-ZIP WILMINGTON NC

TITLE D ☒ Delete
NAME KEYES, JERRY
STREET ADDRESS 526 EMERALD RD
CITY-ST-ZIP OCALA, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☒ Change ☐ Addition
NAME NICH THOMPSON
STREET ADDRESS 4921 S. US HWY 17-92
CITY-ST-ZIP CASSELBERRY, FL 32707-3813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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] **THOMPSON**

9-05-01

407 332-9000

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

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



DO NOT WRITE IN THIS SPACE

0003461

CR2037 (5/01)