2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003776

1. Entity Name

REFORM CONGREGATION OF STUART, INC.

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90093 005 ****61.25

Principal Place of Business	Mailing Address
3725 SE OCEAN BLVD STE 103 STUART FL 34996 US	3725 SE OCEAN BLVD STE 103 STUART FL 34996-3339 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
951 SE Monterey Commons Blvd.	951 SE Monterey Commons Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart FL	City & State: Stuart FL
Zip: 34996 Country: USA	Zip: 34996 Country: USA

4. FEI Number: 65-0433492 ☐ Applied For ☐ Not Applicable

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
LEVIN, STEVE 1970 SW WINDCROSS RUN PALM CITY FL 34990	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: Steven J. Levin 5/2/00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIAMOND, WAYNE 4 HERITAGE WAY STUART FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTV SADE, SCOTT 2901 SW LAKE TERR PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COTLER, KAREN 60 S RIVER RD STUART FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SUNDHEIM, MICHAEL 1894 SW ST. ANDREWS DR. PALM CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CRILE, SANDY 3027 SW CEDAR TRAIL PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GREENE, ROBERT D 26 ISLAND RD. STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Sandy Crile SIGNATURE REQUIRED Sandy Crile, Vice President 5-2-00 (561)286-1531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #