

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000066

1. Entity Name

BETH RACHAMIM SYNAGOGUE, INC.

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90276 001 \*\*\*\*61.25

0061022

Principal Place of Business

719 ARLINGTON AVE N.  
ST. PETERSBURG FL 33701-3621  
US

Mailing Address

719 ARLINGTON AVE N.  
ST. PETERSBURG FL 33701-3621  
US

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

59-3225594

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

DRAKEFORD & DRAKEFORD P A  
2212 E 4TH AVE  
TAMPA FL 33605

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

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 PD  
STREET ADDRESS LANDY, DAVID W  
CITY-ST-ZIP 719 ARLINGTON AVE N.  
ST. PETERSBURG FL 33701

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

TITLE  
NAME VD  
STREET ADDRESS ~~FORBES, GAIL~~  
CITY-ST-ZIP 719 ARLINGTON AVE N.  
ST. PETERSBURG FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
SONDRA TEPPER

TITLE  
NAME TD  
STREET ADDRESS SINGER, ROBERT L  
CITY-ST-ZIP 719 ARLINGTON AVE N.  
ST. PETERSBURG FL 33701

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

TITLE  
NAME SD  
STREET ADDRESS ~~DEBEL, HARRY~~  
CITY-ST-ZIP 719 ARLINGTON AVE N.  
ST. PETERSBURG FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
STEPHEN I. SCHEINER

TITLE  
NAME SD  
STREET ADDRESS ~~SANXX, XXX~~  
CITY-ST-ZIP 719 ARLINGTON AVE N.  
SAINT PETERSBURG FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
RICHARD M. WALEN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: PRESIDENT DAVID W. LANDY 4/17/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)