

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001652

1. Entity Name

BETH TORAH CONGREGATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

03-07-2000 90015 033 ****70.00

Principal Place of Business

Mailing Address

6585 NICHOLAS BLVD., #1901
NAPLES FL 34108

6585 NICHOLAS BLVD., #1901
NAPLES FL 34108-7207

2. Principal Place of Business

12823 Valewood DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 770076

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0905227

Applied For

Not Applicable

Zip

34119

Country

Collier

Zip

34107

Country

Collier

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEBERMAN, STU

6585 NICHOLAS BLVD., #1901

NAPLES FL 34108

7. Name and Address of New Registered Agent

Name Philip K. Jason

Street Address (P.O. Box Number is Not Acceptable)
12823 Valewood Drive

City Naples

FL

Zip Code 34119

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

Philip K. Jason

FEB. 8, 2000

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Philip K. Jason	
STREET ADDRESS	12823 Valewood Drive	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	JACOB F. Weiss	
STREET ADDRESS	20570 CANDLEWOOD HOLLOW	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	DENISE S. Weiss	
STREET ADDRESS	20570 CANDLEWOOD HOLLOW	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

Jacob F. Weiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00

Date

941 992 6161

Daytime Phone #

CR2E037 (9/99)