

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED

Mar 01, 2001 8:00 am
Secretary of State

01-29-2001 90114 041 ****61.25

DOCUMENT # N99000001652

1. Entity Name

BETH TORAH CONGREGATION, INC.

Principal Place of Business

12823 VALEWOOD DR.
NAPLES FL 34119

Mailing Address

PO BOX 770076
NAPLES FL 34107

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

65-0905227

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

Name

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

City

FL

Zip Code

JASON, PHILIP K
12823 VALEWOOD DR.
NAPLES FL 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

Jan. 15, 2001

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 PT
NAME JASON, PHILIP K
STREET ADDRESS 12823 VALEWOOD DR.
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE Treasurer
NAME MARVIN WEISBERG ☐ Change ☒ Addition
STREET ADDRESS 1210 Silverstar Drive
CITY-ST-ZIP Naples, FL 34110

TITLE WEISS, JACOB F ☒ Delete
NAME
STREET ADDRESS 20570 CANDLEWOOD HOLLOW
CITY-ST-ZIP ESTERO FL 33928

TITLE Chairman
NAME Erik Katz ☐ Change ☒ Addition
STREET ADDRESS 1392 Churchill Circle #103
CITY-ST-ZIP Naples, FL 34119

TITLE ST ☒ Delete
NAME WEISS, DENESE S
STREET ADDRESS 20570 CANDLEWOOD HOLLOW
CITY-ST-ZIP ESTERO FL 33928

TITLE ~~Member~~
NAME ~~Shelly Katz~~ ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE membership
NAME Shelly Brainer ☐ Change ☒ Addition
STREET ADDRESS 5821 Drummond Way
CITY-ST-ZIP Naples FL 34115

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 15, 2001

Date

Daytime Phone #

941-588-2880

CR2E037 (10/00)