## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 703168**



FILED Mar 12, 2003 8:00 am Secretary of State

UNITARIAN FELLOWSHIP OF SOUTH FLORIDA, INC.							03-12-2003 90138 016 ****61.25			
Principal Place of Business 1812 ROOSEVELT STREET HOLLYWOOD FL 33020		Mailing Address 1812 ROOSEVELT STREET HOLLYWOOD FL 33020				na (filán fhaile éillei filir)	01011 01011 011	141 <b>818</b> 41 <b>818</b> 41	81 <b>8</b> 14 8 <b>18</b> 4	
2. Principal Pl	lace of Business	3. Mailir	ng Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.					HECK HERE IF N	MAKING C	HANGES	
City & State		City & State				4. FEI Number 65	1 4. ( E ( Namber 03 - 00 - 00 - 00 - 00 - 00 - 00 - 00		olied For Applicable	
Zip	Country	Zip		Cou	untry	5. Certificate of Sta	atus Desired		<b>3.75</b> Add e Required	
	6. Name and Address of Curren	t Registered	i Agent			7. Name and Add	ress of New Regi	stered Ag	ent	
					Name					
VAN DYK,					Street Addre	ress (P.O. Box Number is N	lot Acceptable)			
	ADENA BLVD.						-			
PEMBROK	KE PINES FL 33024-3450		Safette and						Zin Code	
	•			•	City !	-,		FL	Zip Code	
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpo	ose of changing its	s register	red office or reg	gistered agent, or both, in	the State of Florida	a. I am fan	niliar with, a	and accept
										i
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if appl	icable. (NOT	TE: Registere	ed Agent signature re	required when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if appl	icable. (NOT	TE: Registere	ed Agent signature re	required when reinstating)				
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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: