

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90057 040 \*\*\*\*61.25

**DOCUMENT # 737140**

1. Entity Name

**SPIRITUAL ASSEMBLY OF THE BAHAI'S OF SAINT PETER**

Principal Place of Business

Mailing Address

676 2ND AVE SO  
 ST. PETERSBURG FL 33701  
 US

P. O. BOX 15343  
 ST. PETERSBURG FL 33733-5343

LU050011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-2170876**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SERRANO, ELLEN**  
**1919 SERPENTINE CIR S.**  
**ST. PETERSBURG FL 33712**

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	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CD	RASON DOBBS	2521 DRIFTWOOD RD. SE	ST. PETERSBURG FL	<input checked="" type="checkbox"/>	CD	SHARON HOCORD	3950 - 39TH CIRCLE NORTH	ST. PETERSBURG FL 33711	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	SERRANO, ELLEN	1919 SERPENTINE CIR S.	ST. PETERSBURG FL 33712	<input checked="" type="checkbox"/>	SD	LILLIAN DOBBS	155 - 18TH AVE SE	ST PETERSBURG FL 33705	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	WALTER, KLEIN R	6481-27 AVE N.	ST. PETERSBURG FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Walter R. Klein* **Walter R. Klein**

*3/14/00* **3/14/00** *727-345-8667* **727-345-8667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/98)