

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

0033650

04-02-2001 90360 042 \*\*\*\*61.25

**DOCUMENT # 737444**  
 1. Entity Name  
**HOLY SACRAMENT EPISCOPAL CHURCH, INC.**

Principal Place of Business <b>2801 NORTH UNIVERSITY DR. HOLLYWOOD FL 33024</b>	Mailing Address <b>2801 NORTH UNIVERSITY DR. HOLLYWOOD FL 33024</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-6514885</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**HOBBS, BRYAN A.  
 2801 N UNIVERSITY DR.  
 HOLLYWOOD FL 33024**

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 Bryan A. Hobbs  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
T NAME: FORD, HENRY STREET ADDRESS: 18832 NW 12 CT CITY-ST-ZIP: PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/> Delete
P NAME: HOBBS, BRYAN A. STREET ADDRESS: 2801 N. UNIVERSITY DR. CITY-ST-ZIP: HOLLYWOOD FL	<input type="checkbox"/> Delete
T NAME: MARINELLO, JOHN STREET ADDRESS: 13751 APPALACHIAN TRAIL CITY-ST-ZIP: DAVIE FL 33325	<input type="checkbox"/> Delete
T NAME: JOHNSON, DOROTHY STREET ADDRESS: 12224 S.W. 50 PLACE CITY-ST-ZIP: COOPER CITY FL 33330	<input checked="" type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: Norman G. Turck STREET ADDRESS: 1705 - NW 108 AVENUE CITY-ST-ZIP: Pembroke Pines, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME: Abel Bailey STREET ADDRESS: 1215 NW 144 AVENUE CITY-ST-ZIP: Pembroke Pines, FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME: Ron McDonald STREET ADDRESS: 6631 - SCOTT STREET CITY-ST-ZIP: HOLLYWOOD, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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: Bryan A. Hobbs **REQUIRED** Bryan A. Hobbs (954) 432-8686  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)