

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91539 018 \*\*\*\*61.25

**DOCUMENT # 737444**

1. Entity Name

**HOLY SACRAMENT EPISCOPAL CHURCH, INC.**

Principal Place of Business

Mailing Address

**2801 NORTH UNIVERSITY DR.  
HOLLYWOOD FL 33024**

**2801 NORTH UNIVERSITY DR.  
HOLLYWOOD FL 33024**

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

**59-6514885**

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

**HOBBS, BRYAN A.  
2801 N UNIVERSITY DR.  
HOLLYWOOD FL 33024**

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

TURCK, NORMAN G  
1705 NW 108 AVENUE  
PEMBROKE PINES FL 33026

HOBBS, BRYAN A.  
2801 N. UNIVERSITY DR.  
HOLLYWOOD FL

MARINELLO, JOHN  
13751 APPALACHIAN TRAIL  
DAVIE FL 33325

BAILEY, ABE  
1215 NW 144 AVENUE  
PEMBROKE PINES FL 33028

MCDONALD, RON  
6631 SCOTT STREET  
HOLLYWOOD FL 33024

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/1/02*

Date

Printing Name

CR2E037 (9/01)