

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746109

1. Entity Name

THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF DEERFIE

R

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90100 049 ****61.25

Principal Place of Business
 1193 SE 2ND TERR
 DEERFIELD BEACH FL 33441
 US

Mailing Address
 1193 SE 2ND TERR
 DEERFIELD BEACH FL 33441
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

EVERTZ, DONNA
 1193 SE 2ND TERR
 DEERFIELD BCH FL 33441

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
After September 13, 2000 min. will be \$236.25

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	TD DAWES, POLLY 3351 SW 3RD ST DEERFIELD BCH FL 33442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVERTZ, DONNA 1193 SE 2ND TERRACE DEERFIELD BCH FL 33441	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GUSTAFSON, OWEN 208 NW 48TH AVE DEERFIELD BCH FL 33442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD EVERTZ, RICHARD 1193 SE 2ND TERRACE DEERFIELD BCH FL 33441	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

Richard Evertz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 8-14-00 954-421-8979
 Date Daytime Phone #

CR2E037 (5/00)