

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746109

1. Entity Name

THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF DEERFIELD BEACH, FLORIDA, INC.

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

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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 TD ☐ Delete
NAME DAWES, POLLY
STREET ADDRESS 3351 SW 3RD ST
CITY-ST-ZIP DEERFIELD BCH FL 33442

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

TITLE SD ☐ Delete
NAME EVERTZ, DONNA
STREET ADDRESS 1193 SE 2ND TERRACE
CITY-ST-ZIP DEERFIELD BCH FL 33441

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

TITLE CD ☐ Delete
NAME GUSTAFSON, OWEN
STREET ADDRESS 208 NW 48TH AVE
CITY-ST-ZIP DEERFIELD BCH FL 33442

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

TITLE VCD ☐ Delete
NAME EVERTZ, RICHARD
STREET ADDRESS 1193 SE 2ND TERRACE
CITY-ST-ZIP DEERFIELD BCH FL 33441

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Donna Evertz

7/15/02

904-242-1562

CR2E037 (4/02)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90339 039 ****61.25



DO NOT WRITE IN THIS SPACE