## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N21607** Feb 29, 2000 8:00 am **Secretary of State** EAST BOCA RATON CONGREGATION OF JEHOVAH'S WITNES 02-29-2000 90159 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 19230 STATE ROAD 7 (441) GILBERT. MAX BOCA RATON FL 33498-4763 P O BOX 276063 BOCA RATON FL 33427-6063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0040360 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Stephen Puffer Street Address (P.O. Box Number is Not Acceptable) GILBERT, MAX I 6409 VIA ROSA 376 NW 23<u>S</u>t **BOCA RATON FL 33433** Zip Code 33431 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. 7 - 20 00 Stephen Puffer **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11, Addition Addition DP DP TITLE TITLE Delete Stephen Puffer 19230 State Road 7 NAME NAME GILBERT, MAX 1 STREET ADDRESS STREET ADDRESS 6409 VIA ROSA CITY-ST-ZIP CITY-ST-ZIP Boca Raton FL 33498 **BOCA RATON FL** υď D۷ Delete TITLE ☐ Change TITLE Robert Jessel CHRISTOU, ANDREAS NAME NAME 19230 state Road 7 STREET ADDRESS STREET ADDRESS 19230 ST RD 7 (441) Bord Ration FL 33498 CITY: ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition ☐ Delete TITLE TITLE DTS Stevin Haupt NAME HAUPT, STEVIN NAME 19230 State Road 7 STREET ADDRESS STREET ADDRESS 293 NW 64TH STREET CITY-ST-ZIP CITY-ST-ZIP Borg Ration FL 33498 **BOCA RATON FL** ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE 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 eport as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like appropried. ccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this egont as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Robert Jessel SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

Daytime Phone #

☐ Change

Addition