## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## **FILED** Feb 21, 2002 8:00 am Secretary of State **DOCUMENT # N21607** 1. Entity Name EAST BOCA RATON CONGREGATION OF JEHOVAH'S WITNES 02-21-2002 90027 007 \*\*\*\*61.25 SES, INC. Principal Place of Business Mailing Address 19230 STATE ROAD 7 (441) -GILBERT:-MAX---P O BOX 276063 **BOCA RATON FL 33498-4763** BOCA RATON FL 33427 2. Principal Place of Business 3. Mailing Address East Cong. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0040360 Not Applicable Zip Zip Country \$8.75 Additional 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 Jessel, Robert Street Address (P.O. Box Number is Not Acceptable) PUFFER. STEPHEN 376 NW 23 ST **BOCA RATON FL 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. 2-03-0Z SIGNATURE Signature, typed or printed name of registered agent and title 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DA X Change DP · ☐ Addition Delete TITLE TITLE Jessel, Robert PUFFER, STEPHEN NAME NAME 19230 ST R& 7 19230 STATE ROAD 7 STREET ADDRESS STREET ADDRESS Boca RaJon, FL 33498 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** D, VP Stantey Demosthenes, Stanley ▼ Addition D۷ ■ Delete TITLE TITLE Jessel, Robert NAME NAME 19230 STRJ 7 STREET ADDRESS STREET ADDRESS 19230 ST RD 7 (441) Boca Razin, FL 33498 CITY-ST-ZIP CITY-ST-ZIP-BOCA RATON FL ☐ Addition Delete Change DTS TITLE TITLE HAUPT, STEVIN NAME NAME STREET ADDRESS STREET ADDRESS 19230 STATE ROAD 7 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33498 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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

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