

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90257 023 \*\*\*\*61.25

**DOCUMENT # N50252**

1. Entity Name

**SAINT AMBROSE EPISCOPAL CHURCH, INC.**

Principal Place of Business

Mailing Address

2250 S.W. 31 AVE.  
 FT. LAUDERDALE FL

2250 S.W. 31 AVE.  
 FT. LAUDERDALE FL

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

**59-6019046**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVANS, GEOFFREY**  
 1941 S.E. 18 STREET  
 POMPANO BEACH FL 33062

Name

**ZINK, JOHN C.**

Street Address (P.O. Box Number is Not Acceptable)

**The Fountainhead**

**3900 N. Ocean Dr., 4B**

City

**Lauderdale-by-the-Sea,**

**FL**

Zip Code  
**33308**

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

**JOHN C. ZINK, Senior Warden**

**1-28-01**

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

TITLE **D**  Delete  
 NAME **HARMAN, THOMAS**  
 STREET ADDRESS **3788 SW 19 STREET**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ZINK, JOHN**  
 STREET ADDRESS **7381 SW 16 STREET**  
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D**  Change  Addition  
 NAME **ZINK, JOHN**  
 STREET ADDRESS **THE FOUNTAINHEAD, 3900 N. OCEAN DR., B**  
 CITY-ST-ZIP **LAUDERDALE-BY-THE-SEA, FL 33308**

TITLE **D**  Delete  
 NAME **OBARR GAYLE,**  
 STREET ADDRESS **520 EAST CAMPUS**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HAZZELRIG, JIMMY**  
 STREET ADDRESS **11233 W ATLANTIC BLVD**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D**  Change  Addition  
 NAME **HAZELRIG, JIMMY**  
 STREET ADDRESS **3161 SW 23 CT**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **D**  Delete  
 NAME **TEGGE JEAN,**  
 STREET ADDRESS **321 SE 7 ST**  
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **EVANS, GEOFFREY**  
 STREET ADDRESS **1941 S.E. 18 STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **D**  Change  Addition  
 NAME **MADEIRA, PAUL**  
 STREET ADDRESS **3461 JACKSON BLVD.**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

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:

**JOHN C. ZINK**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-01**

**954-938-0207**

Date

Daytime Phone #

CR2E037 (10/00)