

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90016 019 \*\*\*\*61.25

**DOCUMENT # N99000000133**

1. Entity Name

**BELVEDERE CONGREGATION OF JEHOVAH'S WITNESSES, I**

Principal Place of Business

Mailing Address

967 CAROLINE AVE  
 WEST PALM BEACH FL 33413

967 CAROLINE AVE  
 WEST PALM BEACH FL 33413-1205

2. Principal Place of Business

7471 Belvedere Rd.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

Same as above

Zip

Country

33417 Palm Beach

Zip

Country

4. FEI Number

65-0104079

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GIANI, EDWARD J  
 967 CAROLINE AVE  
 WEST PALM BEACH FL 33413

7. Name and Address of New Registered Agent

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**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIANI, EDWARD J	
STREET ADDRESS	967 CAROLINE AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCALL, JOSEPH A	
STREET ADDRESS	1500 N CONGRESS AVE, #B-19	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	BARTO, JOSEPH	
STREET ADDRESS	719 EXECUTIVE CENTER DR, #E-301	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SB	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guerrero, Douglas	
STREET ADDRESS	7000 Okeechobee Blvd	
CITY-ST-ZIP	West Palm Beach, FL 33422	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Summer, James	
STREET ADDRESS	135 Lake Evelyn Dr	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gill, David	
STREET ADDRESS	616 Executive Center Dr, #208	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *E. Giani* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000 561-6838468

Date

Daytime Phone #