## **2000 UNIFORM BUSINESS REPORT (UBR)**

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

SIGNATURE:

## FILED **DOCUMENT # 701321** Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** SAINT BENEDICT'S EPISCOPAL CHURCH, INC. 02-02-2000 90040 002 \*\*\*\*70.00 Principal Place of Business Mailing Address 7801 N.W. 5TH ST. 7801 N.W. 5TH \$T. PLANTATION FL 33324-1911 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1426297 Not Applicable Zip Country \$8.75 Additional Country Ø 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DESHAIES Robert Street Address (P.O. Box Number is Not Acceptable) **BURROWS, WHITMORE** 7761 NW 13 COUPT 7441 NW I STREET PLANTATION PLANTATION FL 33317 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** NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition Delete D ☐ Change TITLE TITLE NAME WATTERS, KAY NAME **BURROWS, WHITMORE** STREET ADDRESS 7441 N.W. 7 ST STREET ADDRESS 6781 5W 11 STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 PLANTATION FL 33317 Addition X Delete ☐ Change TITLE TITLE D NAME NAME VANCE, STEPHEN MARSHALL, WILLIAM STREET ADDRESS STREET ADDRESS 4049 SW 7 ST 447 CAMBRIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Change ☐ Addition Delete Delete TITLE TITLE WILHELM C. LORS NAMÉ NAME LORD. WILHELM STREET ADDRESS STREET ADDRESS 5861 NW 16 PLACE #206 5861 NW 16 PLACE, #206 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33313 Sunrise , FU . 33313 ☐ Addition ☐ Change ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE □ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 filling 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

SIKEMACIDE STEED 1241-000 SY-563-Y-508

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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