

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25317

1. Entity Name

THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF PALM BE

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90080 038 ****61.25

Principal Place of Business

5835 DRYDEN RD
WEST PALM BCH FL 33415
US

Mailing Address

PO BOX 5354
LAKE WORTH FL 33466-5354
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0726650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKMON, JAMES EARL
5835 DRYDEN RD
WEST PALM BEACH FL 33415

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 SD ☐ Delete
NAME ROHANI, ELIZABETH
STREET ADDRESS 951 ARLINGTON DR.
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE VD ☐ Delete
NAME BECKMON, JAMES EARL
STREET ADDRESS 5835 DRYDEN ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE T ☐ Delete
NAME JALALI, AMIN
STREET ADDRESS 11211 S MILITARY TRAIL
CITY-ST-ZIP BOYNTON BCH FL 33436

TITLE C ☐ Delete
NAME ROHANI, SAMAN
STREET ADDRESS 951 ARLINGTON DR.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD ☐ Delete
NAME FAMILIE, TARINEH
STREET ADDRESS 4749 POSEIDON AVE Place
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D ☒ Delete
NAME SCHULZ, EVELYN
STREET ADDRESS 4120 KIRKLAND LANE
CITY-ST-ZIP LAKE WORTH FL FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME BAHAM FAMILIE
STREET ADDRESS 4749 Poseidon Place
CITY-ST-ZIP LAKE WORTH FL 33463

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:

Elizabeth R. Beckmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

Daytime Phone #

CR2E037 (9/99)