

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700971

1. Entity Name

FIRST UNITED CHURCH OF CHRIST, INC.

FILED  
Aug 06, 2001 8:00 am  
Secretary of State

08-06-2001 90002 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

HOLLYWOOD  
200 NORTH 46TH AVENUE  
HOLLYWOOD FL 33021

HOLLYWOOD  
200 NORTH 46TH AVENUE  
HOLLYWOOD FL 33021

AU080634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWACKHAMMER, VICTOR  
5615 FORREST ST  
HOLLYWOOD FL 33021

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  
After September 12, 2001, min. will be \$236.25

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  
NAME MD  
STREET ADDRESS SWACKHAMMER, VICTOR  
CITY-ST-ZIP 5615 FORREST ST  
HOLLYWOOD FL 33021 ☐ Delete

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

TITLE  
NAME TRT  
STREET ADDRESS TEPPER, RAYMOND  
CITY-ST-ZIP 962 NAUTILUS ISLE  
DANIA BEACH FL 33004 ☒ Delete

TITLE  
NAME TRT  
STREET ADDRESS NESHA MENGENSEN  
CITY-ST-ZIP 114 BRIARWOOD CIRCLE  
HOLLYWOOD FL 33024 ☐ Change ☒ Addition

TITLE  
NAME TRT  
STREET ADDRESS GARDNER, JAMES  
CITY-ST-ZIP 2402 CARLYLE LANE  
HOLLYWOOD FL 33021 ☐ Delete

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

TITLE  
NAME ST  
STREET ADDRESS ZEIGLAR, MARTHA  
CITY-ST-ZIP 4340 SW 67 TERRACE  
DAVE FL 33314 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/01

(954) 983-2603

CR2E037 (5/01)