

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700971

1. Entity Name

FIRST UNITED CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

HOLLYWOOD
200 NORTH 46TH AVENUE
HOLLYWOOD FL 33021

HOLLYWOOD
200 NORTH 46TH AVENUE
HOLLYWOOD FL 33021

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

NOT APPLICABLE

Applied For

Not Applicable

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

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

TITLE MD
NAME Zbierajewski KAZ
STREET ADDRESS 3170 NW 93rd Ave.
CITY-ST-ZIP SUNRISE, FL 33351 ☒ Change ☐ Addition

TITLE TRT
NAME Mengersen, NESHA
STREET ADDRESS 114 BRIARWOOD CIRCLE
CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

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

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

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

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

TITLE ST
NAME ZUEDEL, KATHY
STREET ADDRESS 3213 Broadway St.
CITY-ST-ZIP Hollywood, FL 33021 ☒ 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:

Victor Swackhammer

4/4/02

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90029 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)