

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90024 020 \*\*\*\*61.25

**DOCUMENT # 701320**

1. Entity Name

**SAINT MARY MAGDALENE EPISCOPAL CHURCH, INC.**

Principal Place of Business

1400 RIVERSIDE DRIVE  
 CORAL SPRINGS FL 33071

Mailing Address

1400 RIVERSIDE DRIVE  
 CORAL SPRINGS FL 33071-6070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

-Suite, Apt.#, etc.-

City & State

Zip

Country

4. FEI Number

**59-6500406**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EICHLER, STEPHEN (REV.)**  
**1400 RIVERSIDE DRIVE**  
**CORAL SPRINGS FL 33071**

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          | VD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | HERNANDEZ, ANTHONY      |  |
| STREET ADDRESS | 1139 NW 116 AVE         |  |
| CITY-ST-ZIP    | CORAL SPGS FL 33071     |  |
| TITLE          | TD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | MARTIN, RICHARD         |  |
| STREET ADDRESS | 9921 TWIN LAKES DRIVE   |  |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 0     |  |
| TITLE          | PD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | GRAHAM, ERNST-JONES     |  |
| STREET ADDRESS | 10346 NW 16 CT          |  |
| CITY-ST-ZIP    | CORAL SPRINGS FL        |  |
| TITLE          | C                       | <input type="checkbox"/> Delete            |
| NAME           | EICHLER, STEPHEN (REV.) |  |
| STREET ADDRESS | 1400 RIVERSIDE DRIVE    |  |
| CITY-ST-ZIP    | CORAL SPRINGS FL        |  |
| 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          | VD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | William Brady            |  |
| STREET ADDRESS | 1496 Avon Lane           |  |
| CITY-ST-ZIP    | No. Cauderdale, FL 33068 |  |
| TITLE          | T                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Jack Murry               |  |
| STREET ADDRESS | 10604 NW 48 ST           |  |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33076  |  |
| TITLE          | PD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Daniel Tantimonard       |  |
| STREET ADDRESS | 8095 NW 71 CT            |  |
| CITY-ST-ZIP    | Tamarac, FL 33321        |  |
| 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:

*Stephen Eichler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

954 753 1400

Date

Daytime Phone #

CREE037 (9/99)