

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702133

1. Entity Name

ST. JOSEPH'S EPISCOPAL CHURCH

Principal Place of Business

3300 S. SEACREST BLVD.  
BOYNTON BEACH FL 33435

Mailing Address

3300 S. SEACREST BLVD.  
BOYNTON BEACH FL 33435

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

The Rev. Martin W. Zlatie  
3300 A South Seacrest Blvd.  
Boynton Beach, Florida 33435

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

*Rev. Martin W. Zlatie*

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 NAME	MUCURIO, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	9066 CHRYSANTHEMUM DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE NAME	T TOBIAS, SCOTT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14 NW 24TH CT	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE NAME	P SMITH, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	3836 COCO LOBA LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE NAME	D BAINE, HERMAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7865 SPRINGVALE DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE NAME	D BURNETT, TED	<input type="checkbox"/> Delete
STREET ADDRESS	34 LAKE EDEN DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE NAME	D MCKAGUE, LYNN	<input type="checkbox"/> Delete
STREET ADDRESS	8363 MILDRED DR WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	V HARRY McDANIEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	244 Cardinal Lane	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE NAME	T KENNETH W. MARBLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	12400 Boneventure Drive	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE NAME	D DOROTHY LATERZA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4360 B Eucalyptus Tree Court	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*K W Marble*  
Sec/Treasurer

4/18/01 561 732 3060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90098 039 \*\*\*\*\*61.25

C0052111



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0862310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)