2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # 709474** SECOND CHURCH OF CHRIST, SCIENTIST, HOLLYWOOD, F 02-01-2001 90052 028 ****61.25 Principal Place of Business Mailing Address 5726 WASHINGTON ST 5726 WASHINGTON ST HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1367786 Not Applicable Žip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KAIN, MARY J 218 S. 56 TERR HOLLYWOOD FL 33023 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAMÉ NICK, JUNE A 430 COMMODORE DR. APT 311 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL D ☐ Delete Change ☐ Addition TITI F TITLE MOORE, SARAH NAME NAME STREET ADDRESS 7770 MERIDIAN ST STREET ADDRESS CITY-ST-ZIP MIRAMAR FL . . ~ CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete LE CORNU, YVONNE NAME NAME 8653 SHERATON DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIRAMAR FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE SIEGEL, HELENE NAME 12950 SW 7 CT #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KAIN, MARY J NAME NAME STREET ADDRESS 218 S 56 TERR STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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