

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711569

1. Entity Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF FORT LAUDER

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90116 009 \*\*\*\*61.25

Principal Place of Business

1550 S.E. 10TH STREET  
FT LAUDERDALE FL 33316  
US

Mailing Address

PO BOX 4092  
FT LAUDERDALE FL 33338-4092  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0193916

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

SCHINDELER, CARLA  
1550 SE 10 STREET  
FT. LAUDERDALE FL 33316

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 CD ☒ Delete  
NAME MOYYAD, SUNDRA  
STREET ADDRESS 4280 GALT OCEAN DR., APT. P12  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE SD ☐ Delete  
NAME SCHINDELER, CARLA  
STREET ADDRESS 1550 S.E. 10 ST  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VCD ☐ Delete  
NAME VANDEVEN, JAMES  
STREET ADDRESS 250 S.W. 9 ST, APT. B  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☒ Change ☒ Addition  
NAME Fern McBride  
STREET ADDRESS 3850 Galt Ocean Dr #1905  
CITY-ST-ZIP Ft. Lauderdale, FL 33308

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

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

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

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

TITLE ☐ Change ☐ 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: FERN MCBRIDE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 954-561-2965

Date

Daytime Phone #

CR2E037 (9/99)