# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 09, 2001 8:00 am**
**Secretary of State**
02-09-2001 90237 018 ****61.25

DOCUMENT # 726571

1. Entity Name

SPANISH RIVER PRESBYTERIAN CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2400 NW 51ST STREET<br>BOCA RATON FL 33431 | 2400 NW 51ST STREET<br>BOCA RATON FL 33431 |

U21054

DO NOT WRITE IN THIS SPACE

| 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 59-1557427 ☐ 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 |
|---|---|
| TREICHLER, GARY L.<br>17600 LAKE PARK RD.<br>BOCA RATON, FL<br>BOCA RATON FL 33431 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~PD~~<br>ROWE, FRANK<br>18141 CLEARBROOK CIR<br>BOCA RATON FL 33498 | ☐ Delete | VPD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>CABESSA, JESSE ok<br>950 NW 10TH ST<br>BOCA RATON FL 33486 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>TALLBACKA, JAMES<br>1001 PALM TRAIL<br>DELRAY BEACH FL 33444 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VPD~~<br>~~MOWRY, RICHARD~~<br>~~1351 BANYAN ROAD~~<br>~~BOCA RATON FL 33432~~ | ☒ Delete | PD<br>Shearin, Robert<br>6515 NW 3rd Terrace<br>Boca Raton, FL 33496-4048 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HIRZ, PETER ok<br>2366 NW 29TH RD<br>BOCA RATON FL 33431 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>TOBIAS, RONALD ok<br>17829 PINE NEEDLE TERRACE<br>BOCA RATON FL 33487 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** SIGNATURE REQUIRED 561-994-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #