

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90249 012 ****61.25

DOCUMENT # 726571

1. Entity Name

SPANISH RIVER PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

2400 NW 51ST STREET
 BOCA RATON FL 33431

2400 NW 51ST STREET
 BOCA RATON FL 33431

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.
17600 LAKE PARK RD.
BOCA RATON, FL
BOCA RATON FL 33431

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 **Gary L. Treichler**

4/03/02

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 **VPD** ☐ Delete
 NAME **ROWE, FRANK**
 STREET ADDRESS **18141 CLEARBROOK CIR**
 CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE **VPD** ☐ Delete
 NAME **CABESSA, JESSE**
 STREET ADDRESS **950 NW 10TH ST**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete
 NAME **TALLBACKA, JAMES**
 STREET ADDRESS **1001 PALM TRAIL**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Raines, Densel**
 STREET ADDRESS **3602 NW 24th Terrace**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **PD** ☒ Delete
 NAME **SHEARIN, ROBERT**
 STREET ADDRESS **6515 NW 3RD TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE **SD** ☒ Delete
 NAME **HIRZ, PETER**
 STREET ADDRESS **2366 NW 29TH RD**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **President** ☐ Change ☒ Addition
 NAME **French, Kyle**
 STREET ADDRESS **1020 NW 6th Avenue**
 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **TD** ☐ Delete
 NAME **TOBIAS, RONALD**
 STREET ADDRESS **17829 PINE NEEDLE TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33487**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald J. Tobias

4/03/02

561.994.5000

Date

Daytime Phone #

CR2E037 (9/01)