

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 730494**

1. Entity Name

**SPIRITUAL ASSEMBLY OF THE BAHAI'S OF TAMPA, FLOR**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90145 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 17241  
 TAMPA FL 33682-7241  
 US

P.O BOX 17241  
 TAMPA FL 33682-7241  
 US

000401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-2170876**

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

7. Name and Address of New Registered Agent

**HEMMAT, NORMA**  
**15926 DAWSON RIDGE DRIVE**  
**TAMPA FL 33647**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><b>PD</b>  <b>HEMMAT, AMROLLAH</b>  <b>15926 DAWSON RIDGE DRIVE</b>  <b>TAMPA FL</b></p> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><b>SD</b>  <b>HEMMAT, NORMA</b>  <del>15926 DAWSON RIDGE DR</del>  <b>TAMPA FL 33647</b></p> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><b>TD</b>  <b>DOLHOSSEIM, AB</b>  <b>2805 WEST HORDIO #32</b>  <b>TAMPA FL 33609</b></p> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Kathleen Wedel* *NYA* **4/28/00** **903-05901813**