

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90500 019 \*\*\*\*61.25

DOCUMENT # 730494

1. Entity Name

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

Principal Place of Business

Mailing Address

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

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

~~33682-7241~~



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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HEMMAT, AMROLLAH	15926 DAWSON RIDGE DRIVE	TAMPA FL	<input checked="" type="checkbox"/>
<del>SD</del>	HEMMAT, NORMA	15926 DAWSON RIDGE DR	TAMPA FL 33647	<input type="checkbox"/>
<del>TD</del>	DOLHOSSEIM, AB	2805 WEST HORDIO #32	TAMPA FL 33609	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Vice Chairman/Director	Clark Jordan-Holmes	1302 W. Charter St	Tampa, FL 33602	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chairman/Director	Hemmat, Norma	15926 Dawson Ridge Dr.	Tampa, FL 33647	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary/Director	Taranah Khorsandian	15414 Plantation Oaks Dr. #15	Tampa, FL 33647	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 officers or directors.

SIGNATURE:

*Clark Jordan-Holmes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01 (813) 229-9300  
 Date Daytime Phone #

Clark Jordan-Holmes

CR2E037 (10/00)