

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 734073**

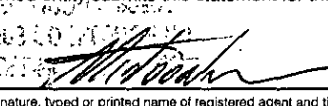
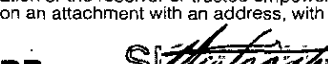
1. Entity Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF ORLANDO, FL**FILED**
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90309 022 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1229 HILLCREST STREET ORLANDO FL 32803		Mailing Address 1229 HILLCREST STREET ORLANDO FL 32803-4707	
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 59-1668465		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAURICE, DAVID 6176 HELEIGH ST #213 ORLANDO FL 32835		7. Name and Address of New Registered Agent Name Minoo Nasser Street Address (P.O. Box Number is Not Acceptable) 1111 Kasper Drive City Orlando FL 32806	
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.		4.2700 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	DC SADRI, FERAMARZ 1318 S. CONWAY RD ORLANDO FL 32812 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC SADRI, FARAMARZ 1318 S CONWAY ROAD ORLANDO FL 32812 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC Nasser Mohajer 5037 Nadine Street Orlando, FL 32807-1333 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAURICE, DAVID 6176 RALEIGH ST #213 ORLANDO FL 32835 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Minoo Nasser 1111 Kasper Drive Orlando, FL 32806 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, FRANCES 709 EUCLID AVE ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOHAJER, SHAHLA 5037 NADINE ST ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLING, FERANGIS 4506 ROCKLEDGE RD ORLANDO FL 32807 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 like empowered.			
SIGNATURE: 		4.2700 (407) 228-0023	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	