

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741361

1. Entity Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF GREATER GAI

Principal Place of Business

6809 NW 48 LANE
GAINESVILLE FL 32606-2871
US

Mailing Address

6809 NW 48 LANE
GAINESVILLE FL 32606-2871
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 631

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

Country

32602

Country

USA

6. Name and Address of Current Registered Agent

DARABI, FARHANG
6809 NW 48 LANE
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

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

After September 13, 2000 min. will be \$236.25

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WELCH, ISAAC	
STREET ADDRESS	5719 NW 99 TER.	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HERBERT, BARBARA	
STREET ADDRESS	8 NW 79 DR.	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KABALI, MASEMBE	
STREET ADDRESS	5129 NW 33 PL	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DARABI, FAHRANG	
STREET ADDRESS	6809 NW 48TH LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DARABI, TARANEH	
STREET ADDRESS	6809 NW 48TH LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MELLMAN, RICHARD	
STREET ADDRESS	5907 NW 57TH WAY	
CITY-ST-ZIP	GAINESVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

MELLMAN, RICHARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/2000

Date

352 376-0006

Daytime Phone #

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90012 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)