

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 08:00 AM  
Secretary of State

DOCUMENT # 746737

1. Entity Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF TALLAHASSEE, FLORIDA, INC.

Principal Place of Business

1103 WOODBERN  
P.O. BOX 20114  
TALLAHASSEE  
323167114

FL

Mailing Address

1103 WOODBERN  
P.O. BOX 20114  
TALLAHASSEE  
323167114

US

FL

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

59-2972846

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RU NAIM  
1103 WOODBERN

TALLAHASSEE  
32304

FL

US

7. Name and Address of New Registered Agent

Name

KIMBLE KATHARINE L

Street Address (P.O. Box Number is Not Acceptable)

1810 LILAC DR.

City

TALLAHASSEE

FL

Zip Code

32303

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 KATHARINE LEA KIMBLE

02/07/2000

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

TITLE VC ☐ Delete  
NAME RU, NAIM  
STREET ADDRESS 1103 WOODBERN  
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD ☐ Delete  
NAME AKHATAKHARI MAY  
STREET ADDRESS 1103 WOODBERN  
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD ☐ Delete  
NAME REED FLORENCE  
STREET ADDRESS 1721 BELVADERE ST.  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE TD ☐ Delete  
NAME BARBER MELVIN W  
STREET ADDRESS 314 STARMOUNT DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 323084215

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Change ☐ Addition  
NAME MALAN RUBEN  
STREET ADDRESS 3211 THAMES DR.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE TD ☒ Change ☐ Addition  
NAME KIMBLE KATHARINE L  
STREET ADDRESS 1810 LILAC DR.  
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE SD ☒ Change ☐ Addition  
NAME BARBER MELVIN W  
STREET ADDRESS 314 STARMOUNT DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 323084215

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

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.