

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90137 044 \*\*\*\*61.25

**DOCUMENT # 771192**

1. Entity Name

**ST. STEPHEN'S EPISCOPAL CHURCH, INC.**

Principal Place of Business

Mailing Address

**2750 MCFARLANE ROAD  
 COCONUT GROVE FL 33133**

**2750 MCFARLANE ROAD  
 COCONUT GROVE FL 33133**

BU084300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0638488**

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

**LOWELL, JACK  
 2750 MCFARLANE ROAD  
 MIAMI FL 33133**

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

*Jack Lowell* **JACK LOWELL**

**4/8/02**

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  Delete  
 NAME **PSW LOWELL, JACK**  
 STREET ADDRESS **185 W SUNRISE AVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D DENTON, BONELL**  
 STREET ADDRESS **5935 SW 29 ST**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T GODDARD, ANGELA**  
 STREET ADDRESS **2925 CATALINA ST**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE  Change  Addition  
 NAME **Simon Hornby**  
 STREET ADDRESS **155 Morningside Drive**  
 CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE  Delete  
 NAME **VJW HORNBY, GILLIAN**  
 STREET ADDRESS **155 MORNINGSIDE DRIVE**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S RIEMER, REBECCA**  
 STREET ADDRESS **1851 NOCATEE DR**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE  Change  Addition  
 NAME **Janet Martin**  
 STREET ADDRESS **3500 Main Street**  
 CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE  Delete  
 NAME **D GEIST, JACK**  
 STREET ADDRESS **5601 SW 76 ST, #2**  
 CITY-ST-ZIP **MIAMI FL 33143**

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.

SIGNATURE:

*Jack Lowell* **JACK LOWELL** **04/08/02** **305 448 2602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)