

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90017 031 ****70.00

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1. Entity Name

REGIONAL BAHAI COUNCIL of the SOUTHERN STATES

Principal Place of Business

Mailing Address

4100 NW 16 AVE
SUITE #9
OAKLAND PARK, FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0815276

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

KAREN PRITCHARD
880 NW 72 TERR
PLANTATION, FL 33317

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

Karen Pritchard

(NOTE: Registered Agent signature required when reinstating)

9/4/00

DATE

FILE NOW:
FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. CHAIRMAN OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DR. ROBERT JAMES ☐ Delete
NAME DR. ROBERT JAMES
STREET ADDRESS 15 AMAN COURT
CITY-ST-ZIP DURHAM, NC 27713

TITLE DR. MAHYAR MOFIDI ☐ Change ☐ Addition
NAME DR. MAHYAR MOFIDI
STREET ADDRESS 4700 WESTGROVE ST. #206
CITY-ST-ZIP RALEIGH, NC 27606 (ASST-SEC.)

TITLE SECRETARY ☐ Delete
NAME KAREN E. PRITCHARD
STREET ADDRESS 880 NW 72 TERR
CITY-ST-ZIP PLANTATION, FL 33317

TITLE DIR KAMBIZ RAFRAF ☐ Change ☐ Addition
NAME DIR KAMBIZ RAFRAF
STREET ADDRESS 6111 COPPERHILL DR
CITY-ST-ZIP DALLAS, TX 75248

TITLE DIR TREASURER ☐ Delete
NAME COVEY H. CANTVILLE
STREET ADDRESS 1031 SW 67 TERR
CITY-ST-ZIP PLANTATION, FL 33317

TITLE DIR JAMES L. STARDIVANT ☐ Change ☐ Addition
NAME DIR JAMES L. STARDIVANT
STREET ADDRESS 7210 MATHEW ST.
CITY-ST-ZIP GREENBELT, MD 20770

TITLE DIR A. JACK GUILLEBEAU ☐ Delete
NAME A. JACK GUILLEBEAU
STREET ADDRESS 5434 CATHY AVE
CITY-ST-ZIP MONTGOMERY, AL 36108

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

TITLE DIR AHMAD MAHBUBI ☐ Delete
NAME AHMAD MAHBUBI
STREET ADDRESS 4036 KENWAY DR
CITY-ST-ZIP SMYRNA, GA 30082

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

TITLE CARDLE MILLER ☐ Delete
NAME CARDLE MILLER
STREET ADDRESS 5 HUNT VALLEY
CITY-ST-ZIP LITHONIA, GA 30058

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-30-00 (954) 791-7775

CR2E037 (9/99)