

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90130 039 \*\*\*\*70.00

**DOCUMENT # F99000001863**

1. Entity Name

**REGIONAL BAHAI COUNCIL OF THE SOUTHERN STATES I  
NC**



Principal Place of Business

**4100 N.W. 16TH AVE., STE 9  
OAKLAND PARK FL 33309**

Mailing Address

**4100 N.W. 16TH AVE., STE 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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete  
NAME **JAMES, ROBERT**  
STREET ADDRESS **15 AMAN CT.**  
CITY-ST-ZIP **DURHAM NC**

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

TITLE **D** ☐ Delete  
NAME **PRITCHARD, KAREN**  
STREET ADDRESS **880 NW 72ND TER**  
CITY-ST-ZIP **PLANTATION FL**

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

TITLE **T** ☐ Delete  
NAME **CANTVILLE, COVEY**  
STREET ADDRESS **1031 SW 67TH TER**  
CITY-ST-ZIP **PLANTATION FL**

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

TITLE **S** ☐ Delete  
NAME **MOFIDI, MAHYAR**  
STREET ADDRESS **600 AIRPORT RD APT 401**  
CITY-ST-ZIP **CHAPEL HILL NC**

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

TITLE **D** ☐ Delete  
NAME **STURDIVANT, JAMES**  
STREET ADDRESS **7210 MATHEW ST.**  
CITY-ST-ZIP **GREENBELT MD**

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

TITLE **DR** ☐ Delete  
NAME **GUILLEBEAUX, JACK**  
STREET ADDRESS **5434 CATHY DRIVE**  
CITY-ST-ZIP **MONTGOMERY AL 36108**

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]*  
SIGNATURE REQUIRED

3.10.03 (954) 937-4721

CR2E037 (10/02)