

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02554

1. Entity Name

THE RECTOR, WARDENS AND VESTRY OF THE CHURCH OF

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90001 045 \*\*\*\*61.25

Principal Place of Business

BETHESDA-BY-THE-SEA  
141 S. COUNTY RD.  
PALM BCH FL 33480  
US

Mailing Address

BERTLES, JAMES B.  
777 S FLAGLER DR SUITE 500E  
WEST PALM BCH. FL 33401-6121  
US

2. Principal Place of Business

Same

3. Mailing Address

Bertles, James B.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1057

City & State

City & State

Palm Beach FL

Zip

Country

Zip

Country

33480

4. FEI Number

59-0689700

Applied For

Not Applicable

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

BERTLES, JAMES B.  
C/O GUNSTER, YOAKLEY, VALDES, FAULI, STEWA  
777 S FLAGLER DR SUITE 500E  
WEST PALM BCH. FL 33401

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**

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 NAME STREET ADDRESS CITY-ST-ZIP	RD WARREN, RALPH R. JR. 141 S. COUNTY RD PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURCELL, CONSTANCE N 435 BRAZILIAN AVE PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KINDRED, JOHN M 243 KENLYN LANE PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTLES, JAMES B. 777 S FLAGLER DR 500E WEST PALM BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKER, LAUREL 127 SEASPRAY AVENUE PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TUCKER, JOAN B 1072 NORTH OCEAN BLVD PALM BEACH FL	<input checked="" type="checkbox"/> Delete

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

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:

*Robert J. Schuler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/2000 (561) 655-4554

Date

Daytime Phone #

CR2E037 (9/91)