

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90304 018 ****70.00

DOCUMENT # N02554

1. Entity Name

THE RECTOR, WARDENS AND VESTRY OF THE CHURCH OF

Principal Place of Business

Mailing Address

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

~~BERTLES, JAMES D.~~ PETER S. BROBERG
~~PO BOX 1057~~ BETHESDA-BY-THE-SEA
~~PALM BEACH FL 33480~~ P.O. BOX 1057
~~US~~ PALM BEACH, FL 33480

00010100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0689700

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

BROBERG, PETER S.

~~BERTLES, JAMES D.~~

C/O GUNSTER, YOKLEY, VALDES, FAUL, STEWA COE & BROBERG

778 FLAGLER DR SUITE 500E 223 Peruvian Ave.

WEST PALM BCH FL 33401 PALM BEACH, FL 33480

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	<input type="checkbox"/> Delete
	WARREN, RALPH R. JR.	141 S. COUNTY RD	PALM BEACH FL	<input type="checkbox"/>
	PURCELL, CONSTANCE N	435 BRAZILIAN AVE	PALM BEACH FL 33480	<input type="checkbox"/>
	KINDRED, JOHN M	243 KENLYN LANE	PALM BEACH FL 33480	<input type="checkbox"/>
	WARREN, RALPH R. JR.	141 S. COUNTY RD	PALM BEACH FL	<input checked="" type="checkbox"/>
	WARREN, RALPH R. JR.	141 S. COUNTY RD	PALM BEACH FL	<input checked="" type="checkbox"/>
	WARREN, RALPH R. JR.	141 S. COUNTY RD	PALM BEACH FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	PCD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	V D			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	BROBERG, PETER S.	223 Peruvian Ave.	PALM BEACH, FL 33480	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	JOSEPHYNE PAYNE	961 S. ATLANTIC DR	LANTANA, FL 33462	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	V D			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	JOHN H. SCHULER	200 JUNGLE RD	PALM BEACH, FL 33480	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

2/16/01

561-655-4554

CR2E037 (10/00)