

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03126

1. Entity Name

THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF SEMINOL

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90003 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1207 CLUBSIDE DRIVE  
LONGWOOD FL 32779  
US

E COUNTY WEST  
P.O. BOX 951211, N/A  
LAKE MARY FL 32795-1211  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2718769

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

GISSOO, AKHAVAN MRS.  
1207 CLUBSIDE DRIVE  
LONGWOOD FL 32779

Name Mrs. GISSOO AKHAVAN

Street Address (P.O. Box Number is Not Acceptable)

1207 Clubside Dr.

City Longwood

FL

Zip Code 32779

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 GISSOO AKHAVAN Secretary 04/25/00

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 D ☐ Delete  
NAME LEVY, BENJAMIN  
STREET ADDRESS 121 DONEGAL AVE.  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Change ☐ Addition  
NAME LEVY, BENJAMIN  
STREET ADDRESS 121 DONEGAL AVE.  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE SD ☐ Delete  
NAME GISSOO, AKHAVAN MRS.  
STREET ADDRESS 1207 CLUBSIDE DRIVE  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE SD ☐ Change ☐ Addition  
NAME GISSOO, AKHAVAN MRS.  
STREET ADDRESS 1207 Clubside Drive  
CITY-ST-ZIP Longwood FL 32779

TITLE CD ☐ Delete  
NAME VAFA, AKHAVAN MR.  
STREET ADDRESS 1207 CLUBSIDE DRIVE  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE CD ☐ Change ☐ Addition  
NAME VAFA, AKHAVAN MR.  
STREET ADDRESS 1207 Clubside Dr.  
CITY-ST-ZIP Longwood FL 32779

TITLE VCD ☐ Delete  
NAME MARSHALL, ZEENA  
STREET ADDRESS 1810 MARKHAM WOODS RD  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ Change ☐ Addition  
NAME MARSHALL, VAFA  
STREET ADDRESS 1810 MARKHAM WOODS RD.  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE TD ☐ Delete  
NAME SAKHITABE, FARHAD  
STREET ADDRESS 1710 OVERLOOK DR  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Change ☐ Addition  
NAME SAKHITABE, FARNAD  
STREET ADDRESS 1710 OVERLOOK DR.  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Delete  
NAME LEVY-NELSON, MARTINE  
STREET ADDRESS 121 DONEGAL AVE  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Change ☐ Addition  
NAME LEVY-NELSON MARTINE  
STREET ADDRESS 121 DONEGAL AVE.  
CITY-ST-ZIP LAKE MARY 32746

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/00 (407)786-6161

Date

Daytime Phone #

CR2E037 (9/99)