

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90012 036 ****61.25

DOCUMENT # N07065

1. Entity Name

FIRST UNITARIAN CHURCH OF PALM BEACH COUNTY, FLO

Principal Place of Business

Mailing Address

635 PROSPERITY FARMS RD.
 N.PALM BCH. FL 33408

635 PROSPERITY FARMS RD.
 N.PALM BCH. FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6162395

Applied For

Not Applicable

5.-Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HATZFELD, BARBARA
319 CLUB DRIVE
PALM BEACH GARDENS FL 33418

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

Barbara Hatzfeld

April 8, 2001

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	<input checked="" type="checkbox"/> Delete
NAME	CHAPIN, CHIP	
STREET ADDRESS	6880 KINGSTON DR	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, CAROL	
STREET ADDRESS	4161 S. US HWY 1, APT C-2	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, JEAN	
STREET ADDRESS	129 LEHANE TERR APT 136	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	RAY, KIMBERLY	
STREET ADDRESS	15135 69 DR N	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HATZFELD, BARBARA	
STREET ADDRESS	319 CLUB DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BLACKWELL, RIC	
STREET ADDRESS	6187 WINDING LAKE DR	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doyle, Michael	
STREET ADDRESS	6 Whitehall Way	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richards, Betty	
STREET ADDRESS	7210 Crystal Lake Drive	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hanscom, Suzanne	
STREET ADDRESS	908 Hawie Street	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crewe, Robert	
STREET ADDRESS	229 W. Hod Heath	
CITY-ST-ZIP	Atlantis, FL 33462	

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 the empowers.

SIGNATURE:

Barbara Hatzfeld

BARBARA S HATZFELD 4/8/01 561-627-7404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)