

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-01-2002 91587 040 ****61.25

DOCUMENT # N07065

1. Entity Name

**FIRST UNITARIAN CHURCH OF PALM BEACH COUNTY, FLO
IDA (UNITARIAN-UNIVERSALIST)**

Principal Place of Business

Mailing Address

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

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

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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

59-6162395

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

Name

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

City

FL

Zip Code

**HATZFELD, BARBARA
319 CLUB DRIVE
PALM BEACH GARDENS FL 33418**

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 reappointing)

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 **DOYLE, MICHAEL**
STREET ADDRESS **6 WHITEHALL WAY**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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

TITLE **VP** ☐ Delete
NAME **RICHARDS, BETTY**
STREET ADDRESS **7210 CRYSTAL LAKE DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

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

TITLE **D** ☐ Delete
NAME **KING, JEAN**
STREET ADDRESS **129 LEHANE TERR APT 136**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☒ Change ☐ Addition
NAME **KING, JEAN**
STREET ADDRESS **716 KITTY HAWK WAY**
CITY-ST-ZIP **NO. PALM BEACH, FL 33408**

TITLE **AT** ☒ Delete
NAME **HANSCOM, SUZANNE**
STREET ADDRESS **908 HAWIE STREET**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **AT** ☐ Change ☒ Addition
NAME **CALLAHAN, JAMES**
STREET ADDRESS **210 TALL OAKS CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **ST** ☐ Delete
NAME **HATZFELD, BARBARA**
STREET ADDRESS **319 CLUB DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

TITLE **PD** ☐ Delete
NAME **CROWE, ROBERT**
STREET ADDRESS **229 WALTON HEATH**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **PD** ☒ Change ☐ Addition
NAME **CROWE, ROBERT**
STREET ADDRESS **1200 MARINE WAY #801**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

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

On

Daytime Phone

CR2E037 (9/01)