

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90245 026 ****61.25

DOCUMENT # N07065

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ROBERT C. CROWE**
Street Address (P.O. Box Number is Not Acceptable)
**635 PROSPERITY FARMS RD.
N. PALM BEACH**
City **FL** Zip Code **33408**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERT C. CROWE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, MICHAEL	
STREET ADDRESS	6 WHITEHALL WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RICHARDS, BETTY	
STREET ADDRESS	7210 CRYSTAL LAKE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, JEAN	
STREET ADDRESS	716 KITTY HAWK WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CALLAHAN, JAMES	
STREET ADDRESS	216 TALL OAKS CIR	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HATZFELD, BARBARA	
STREET ADDRESS	319 CLUB DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CROWE, ROBERT	
STREET ADDRESS	1200 MARINE WAY #801	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS4 MORE, ROBERT	
STREET ADDRESS	126 LIGHTHOUSE DR.	
CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, BETTY	
STREET ADDRESS	7210 CRYSTAL LAKE DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRUEN, HENRY	
STREET ADDRESS	12852 150 COURT N.	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, JAMES	
STREET ADDRESS	216 TALL OAKS CIRCLE	
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, GREG	
STREET ADDRESS	401 EXECUTIVE DR D107	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	ASST. TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 MARINE WAY #801	
STREET ADDRESS	N. PALM BEACH, FL 33408	
CITY-ST-ZIP	CROWE, ROBERT	

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 ROBERT C. CROWE 4/18/03 561-627-6105

CR2E037 (10/02)