

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12336

1. Entity Name

ST. MARY THE VIRGIN ANGLICAN CHURCH, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90142 038 ****61.25

Principal Place of Business

101 HOMEWOOD BLVD.
DELRAY BCH FL 33445

Mailing Address

101 HOMEWOOD BLVD.
DELRAY BCH FL 33445

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

59-2460286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREDRICK L. BASIL
101 HOMEWOOD BLVD.
DELRAY BCH FL 33445

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BEEN, MARIE 15 NW 24 ST DELRAY BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASIL, FREDRICK L 101 HOMEWOOD BLVD. DELRAY BEACH FL 33436	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORITZ, LINDA 6425 MONTERAY PINE LN LANTANA FL 33462	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANGLEY, 2964 NEEDHAM CT DELRAY BEACH FL 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD PARKER, ANN 908 FOX POINTE CIRCLE DELRAY BEACH, FL 33445	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

Jan 10, 2001 561 265-1960
Date Daytime Phone #

CR2E037 (10/00)