

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90119 045 \*\*\*\*61.25

**DOCUMENT # N33581**

1. Entity Name

**UNITED METAPHYSICAL CHURCH OF PALM BEACHES, INC.**

Principal Place of Business

Mailing Address

528 SO. HAVERHILL RD.  
 WEST PALM BEACH FL 33415

P O BOX 17922  
 WEST PALM BEACH FL 33416-922  
 US

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

**59-2945392**

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

**HILLAN-MCLAURY, PAULA**  
**12924 153 RD COURT NO.**  
**JUPITER FL 33478**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LISKA, MARI</b>	
STREET ADDRESS	<b>5813 DEWBERRY WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BREVNIG, MYRA</b>	
STREET ADDRESS	<b>2087 HAVERHILL RD.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DIX, JOYCE</b>	
STREET ADDRESS	<b>1021 AVON RD.</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>HILLIAN-MCLAURY, PAULA</b>	
STREET ADDRESS	<b>12924 153RD COURT NORTH</b>	
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ELLSWORTH, MARILYN</b>	
STREET ADDRESS	<b>2936 E ASHLEY DRIVE UNIT G</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>JIM KOHLBECKER</b>	
STREET ADDRESS	<b>4971 SUNNY LANE AVENUE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASSANDRA STRYKER</b>	
STREET ADDRESS	<b>12764 MEADOWBREEZE DR.</b>	
CITY-ST-ZIP	<b>WELLINGTON, FLORIDA 33414</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUSAN ZAMANI</b>	
STREET ADDRESS	<b>2815 GIBBSSEE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FLORIDA 33409</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *JAMES DR KOHLBECKER* **JAMES DR KOHLBECKER** **4/24/02** **561686 0217**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)