

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50252

1. Entity Name

SAINT AMBROSE EPISCOPAL CHURCH, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90118 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2250 S.W. 31 AVE.  
 FT. LAUDERDALE FL

2250 S.W. 31 AVE.  
 FT. LAUDERDALE FL 33312-4371

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

59-6019046

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

EVANS, GEOFFREY  
 1941 S.E. 18 STREET  
 POMPANO BEACH FL 33062

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	D	<input type="checkbox"/> Delete
NAME	HARMAN, THOMAS	
STREET ADDRESS	3788 SW A9 ST	
CITY-ST-ZIP	FT LAUDERALE FL 33312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMILDUN, ROBERT	
STREET ADDRESS	2414 OKEECHOBEE LN	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	OBARR GAYLE,	
STREET ADDRESS	520 EAST CAMPUS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, GEORGE	
STREET ADDRESS	1433 S.W. 1ST WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEGGE JEAN,	
STREET ADDRESS	321 SE 7 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, GEOFFREY	
STREET ADDRESS	1941 S.E. 18 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMAN, THOMAS	
STREET ADDRESS	3788 SW 19 STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZINK, JOHN	
STREET ADDRESS	7381 SW 16 STREET	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAZELRIG, JIMMY	
STREET ADDRESS	11233 W. ATLANTIC BLVD	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
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		

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:

*Geoffrey Evans*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Feb, 2000 954 583-0603

Date

Daytime Phone #

CR2E037 (9/99)