2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300002136 1. Entity Name						FILED May 04, 2000 8:00 am Secretary of State				
CALVAR	Y CHAPEL OF BOCA RATON	, INC.					Secret 05-04-200			
Principal Place of Business Mailing Address							05-04-200	0 90094 0.	16 ******61.	.25
10660 W SANDALFOOT BLVD BOCA RATON FL 33428-5706		10660 W SANDALFOOT BLVD BOCA RATON FL 33428-5706 US			1 10011131	a an (ninn (siis näl ti n	/// 48 /// 88 /// 10	12 0 31 00 1 41 000 41	ui s s iik i ss i	
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State				4. FEI Number Applied For Not Applied For Not Applied For				
Zip Country		Zip	Country			5. Certificate	of Status Desired		\$8.75 Add	litional
	6. Name and Address of Current	 Registered Agent		سد مبد -		7. Name and	Address of New	Registered		
D AVIS, MARIK T 2 000-GATEWAY DRIVE P OMPANO BEACH FL 33069				Street Ad	H & ddress (I		r is Not Acceptab	Foot	BLUD Zip Code	2.4
SIGNATURE	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contrib	n Financir		\$5.0	when reinstating) O May Be		A Check separtment		
10.	OFFICERS AND DIF	RECTORS	11.			ADDITIONS/CH	ANGES TO OFFIC	ERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEIDEL, THEODORE A 4976 NW 10TH STREET COCONUT CREEK FL 33063	Delete	NAME STREE		D. 490	CHRIS 91 SW 7	STULTZ		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAVIS, MARK T > 3190 NW 68TH STREET FILAUDERDALE FL 38064	Delete			DIR 15: 22	eltor Pael Ri 408 Over		RCLE	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICHOLSON, SEAN P 205 SE 10TH ST #E9 DEERFIELD BEACH FL 33441	☐ Delete	1	- 1	DIR	ECTOR N.C. CHI D. N. 461	NELLY JI HA Ave. #	(. ୧୫୬ <i>।</i> ଟ	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OOY, ROBERT J' 7900 NW 19TH STREET MARGATE FL 33063	Delete		ı	TYE	E PRES. FRITER S NW DD -RAY BEA	nd AVE	3445	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, TIM 7915 MANOR FOREST BLVD BOYNTON BEACH FL 33462	☐ Delete		I					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tye riter 1245 NW 22ND AVE DELRAY BCH FL 33445	☐ Delete	CITY-	E Et address - St-Zip					☐ Change	Addition
indicated of the col	certify that the information supplied with d on this report or supplemental report is rporation or the receiver or trustee emporation, or on an attachment with an address,	true and accurate and that rewered to execute this report	my signat : as requir	ure shall ha	eve the a	same legal effec	t as if made unde	r oath: that I a	am an officer	or director

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Despired Phone #