

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90396 034 ****61.25

DOCUMENT # N93000003788

1. Entity Name

SHUVEE MESSIANIC CONGREGATION, INC.

Principal Place of Business

2715 NORTH HARBOR CITY BLVD.
STE. 7
MELBOURNE FL 32935

Mailing Address

2715 NORTH HARBOR CITY BLVD.
STE. 7
MELBOURNE FL 32935

00041310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3195406

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MEILBYE, JOHN F
2715 NORTH HARBOR CITY BLVD.
STE. 7
MELBOURNE FL 32935

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 P
NAME MEILBYE, JOHN F
STREET ADDRESS 133 TEQUESTA HARBOR DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP 32952

☐ Change

☒ Addition

TITLE D
NAME MEILBYE, PATTI J
STREET ADDRESS 133 TEQUESTA HARBOR DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP 32952

☐ Change

☒ Addition

TITLE D
NAME TAYLOR, ALFRED D
STREET ADDRESS 929 GABLES WAY
CITY-ST-ZIP MELBOURNE FL 32935

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP 32935

☐ Change

☒ Addition

TITLE DT
NAME KATZ-TAYLOR, FELICIA
STREET ADDRESS 929 GABLES WAY
CITY-ST-ZIP MELBOURNE FL 32935

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP 32935

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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:

JOHN F. MEILBYE

4/20/01

(321) 459-3393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)