

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003788

1. Entity Name

SHUVEE MESSIANIC CONGREGATION, INC.

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90091 010 ****61.25

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3195406

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

(CHECKED IN ERROR)

6. Name and Address of Current Registered Agent

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

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

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

JOHN F. MEILBYE, JR

4/23/02

(321) 459-0175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)