

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90031 041 \*\*\*\*70.00

**DOCUMENT # N95000002299**

1. Entity Name

**ROCK CHURCH OF THE PALM BEACHES, INC.**

Principal Place of Business

3970 RCA BLVD  
 STE 7008  
 PALM BCH GRDNS FL 33410  
 US

Mailing Address

3970 RCA BLVD  
 STE 7008  
 PALM BCH GRDNS FL 33410  
 US

2. Principal Place of Business

3. Mailing Address

**PO Box 30086**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Palm Beach Gardens, FL**

Zip

Country

Zip

Country

**33420**

**USA**

4. FEI Number

**65-0593492**

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

**SIMCICH, CATHY**  
**2076 ASCOTT ROAD**  
**NORTH PALM BEACH FL 33408**

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** ☐ Delete  
 NAME **SIMCICH, CATHY**  
 STREET ADDRESS **2076 ASCOTT ROAD**  
 CITY-ST-ZIP **N PALM BEACH FL 33408**

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

TITLE **D** ☐ Delete  
 NAME **HAMILTON, JOSEPH T JR**  
 STREET ADDRESS **1037 MARINA DRIVE**  
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE **D** ☐ Delete  
 NAME **VAN DERIET, PASTER JON**  
 STREET ADDRESS **3970 RCA BLVD, SUITE 7008**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410-3230**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Vanderiet, Jon C**  
 STREET ADDRESS **PO Box 30086**  
 CITY-ST-ZIP **Palm Beach, FL 33420**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Jon Vanderiet**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ap 22, '02**  
 Date

**561-248**  
**6641**  
 Daytime Phone #

CR2E037 (9/01)