

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/11

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90023 042 \*\*\*\*61.25

**DOCUMENT # N97000001327**

1. Entity Name

**FORT LAUDERDALE WESTMINSTER PRESBYTERIAN CHURCH,**

Principal Place of Business

1100 S.W. 21ST STREET  
 FORT LAUDERDALE FL 33315

Mailing Address

1100 S.W. 21ST STREET  
 FORT LAUDERDALE FL 33315

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

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

**WENDELL, PETER S**  
**1100 S.W. 21ST STREET**  
**FORT LAUDERDALE FL 33315**

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          | D                        | <input type="checkbox"/> Delete |
| NAME           | MAGLY, BUD               |                                 |
| STREET ADDRESS | 960 MONTICELLO AVE       |                                 |
| CITY-ST-ZIP    | DAVIE FL 33325           |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | KOBZINA, SHIRLEY         |                                 |
| STREET ADDRESS | 2300 S.W. 19 AVENUE      |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33315 |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | BURLINGTON, MARY         |                                 |
| STREET ADDRESS | 2150 SW 23RD AVE         |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33316 |                                 |
| TITLE          | P                        | <input type="checkbox"/> Delete |
| NAME           | SABIN, JAMES             |                                 |
| STREET ADDRESS | 1335 SE 13TH TERR        |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33316 |                                 |
| TITLE          | V                        | <input type="checkbox"/> Delete |
| NAME           | OBERMEIER, MARY          |                                 |
| STREET ADDRESS | 719 SW 20TH STREET       |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33315 |                                 |
| TITLE          | S                        | <input type="checkbox"/> Delete |
| NAME           | POSHARD, PHYLLIS         |                                 |
| STREET ADDRESS | 8648 SW 18TH STREET      |                                 |
| CITY-ST-ZIP    | DAVIE FL 33325           |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| 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    |   |
| 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:

**STAYALIVE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01

Date

954-525-7759

Daytime Phone #

CR2E037 (10/00)